(d) whether Government propose to increase oil prices in view of increased oil pool deficit; and

(e) if not, how Government propose to manage the oilj>ool account?

THE MINISTER OF STATE IN THE MINISTRY OF PETROLEUM AND NATURAL GAS (SHRISANTOSHGANGWAR): (a) and (b)The estimated oil pool deficit, as on 31 -3-2000 and 31 -3-2001, was around Rs. 6256 crore and Rs. 12,600 crore respectively.

(c) to (e) The management of the oil pool account is a continuous process and the strategy to manage the same *inter alia* depends on various factors *viz,* the prevalent international prices of crude oil/petroleum products, exchange rate, duty structure, domestic selling prices of controlled products (motor spirit, high speed diesel, kerosene for public distribution and domestic LPG) etc.

No proposal to increase the prices of the controlled products is under consideration of the Government at present.

Cost of linking of Ganga and Cauvery rivers

279. SHRI H.K. JAVARE GOWDA: SHRI
K. RAHMAN KHAN:

Will the Minister of WATER RESOURCES be pleased to state:

(a) whether it is a fact that it is the dream of Indians that Ganga and Cauvery rivers should be linked;

(b) if so, whether it is economically feasible; and

(c) what would be the approximate cost?

THE MINISTER OF STATE INTHE MINISTRY OFWATER RESOURCES (SHRIMATJ BUOYA CHAKRAVARTY); (a) to (c) The Ministry of Irrigation (now Ministry of Water Resources) and the Central Water Commission formulated a National Perspective Plan for water resources development in 1980 which envisages inter-linkages among various Peninsular river (including Cauvery) and the Himalayan rivers (including Ganga) for transfer of water from water surplus basins to water deficit basins for optimum utilization of water resources. The plan envisages 17 water transfer linkages under the Peninsular River Development Component and 14 water transfer linkages under the Himalayan Rivers Development Component. To follow it up, the Government

of India has established the National Water Development Agency (NWDA), an autonomous society, in July, 1982 to *inter-alia* carry out the water balance and feasibility studies of the National Perspective Plan. The NWDA have completed pre-feasibility of all the 31 linkages. To assess the techno-economic feasibility of the links, preparation of feasibility reports have been taken up for the links. The feasibility of 5 linkages under the Peninsular River Development Component have been completed. The preliminary tentative cost of the proposed identified links of the National Perspective Plan at 1995-% price level is put at Rs. 3,30,000 CTore.

Inter-State Meeting of Kamataka and Andhra Pradesh on construction of feeder channels

280. SHRI RUMANDLA RAMACHANDRAIAH: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether it is a fact that Government have convened an inter-State meeting of Kamataka and Andhra Pradesh Government on August 17,2001 to discuss the controversy of AP constructing two feeder channels near Tumkur;

(b) if so, what were the main topics discussed in the meeting;

(c) whether it is a fact that the Andhra Pradesh Government had pointed out that the construction on one of the feeder channels has been stopped;

(d) whether any agreement in this regard has been reached; and

(e) if so, the details thereof?

THEMINISTEROF STATE INTrffiMJMSTRY OFWATER RESOURCES (SHRIMATI BUOYA CHAKRAVARTY). (a) and (b) The Central Water Commission convened an inter-State meeting of Kamataka and Andhra Pradesh on October IS, 2001 to discuss follow up of decisions taken in the inter-State meeting held on February 21, 2000 and to discuss subsequent complaints of Kamataka and Andhra Pradesh about violation of the 1892 Agreement, including construction of two feeder channels by Andhra Pradesh.

(c) Yes, Sir.

(d) and (e) The discussions on construction of feeder channel from Sidagappanakatte to P. Byadagere by Andhra Pradesh were deferred as Government of Kamataka have filed an original suit in the Supreme Court

Completion of Salandi Irrigation Project in Orissa

281. SHRIANANTA SETHI: Will the Minister ofWATER RESOURCES be pleased to state:

(a) the estimated cost of the Salandi Irrigation Project in Orissa;

(b) whether the entire amount has been sanctioned by the World Bank;

(c) if so, the details of the target date fixed for the completion of that project; and

(d) the details of progress made in the completion of that project as on date?

THE MINISTER OFSTATEINTHE MINISTRY OF WATER RESOURCES (SHRIMATT BUOYA CHAKRAVARTY): (a) to (d)The Salandi Irrigation Project in Orissa was originally approved by the Planning Commission in 1964 for Rs. 11.21 crore for creating irrigation potential of 45.73 thousand hectares. The project was completed during the 6th Plan at a total cost of Rs. 16.38 crore. However, the renovation and modernization of main canal distributaries and minors along with the cross drainage structures of the Charampa Branch Canal of Salandi Project is under implementation as one of the component of World Bank aided Orissa Water Resources Consolidation Project since 1996. As on 1st June, 2001, 84.92 per cent of main canal and branches, 84.76 per cent of distributaries and minors, 75.29 per cent of structures in the main canal and branches and 93.66 per cent of the structures in the distributaries and minors have been completed. The target date of completion of the Orissa Water Resources Consolidation Project is 30.09.2002 and Charampa Branch Canal work is also expected to be completed by this date.

Use of groundwater

282. SHRI SOLIPETA RAMACHANDRA REDDY: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether it is a fact that the States and Union Territories have approached Government to enact legislation to regulate the use of groundwater, if so, the details of the States and die Union Territories;

(b) by when Government are expected to enact such a legislation/ regulations;

(c) the extent to which the heavy use of groundwater shall have an adverse effect on environment and forests in the country; and

(d) the States that have already taken action to use groundwater?

THE MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRIMATIBUOYA CHAKRAVARTY): (a) and (b) Water being a State subject, suitable legislation for regulation and control of groundwater development has to be enacted by the States/Union Territories. However, in 1970 the Union Government had circulated a "Model Bill to regulate and control the development of groundwater and matters connected therewith" to all the States/ Union Territories to enable them to enact suitable legislation for regulation and control of groundwater development. Thereafter, a revised Model Bill was circulated in June, 1996 to all the States/UTs. So far, States of Gujarat, Andhra Pradesh, Madhy a Pradesh, Maharashtra and Tamil Nadu have enacted legislation to regulate the use of groundwater. The States of West Bengal and Kamataka have also passed Bill. However it is yet to be enacted.

(c) and (d) The excessive use of groundwater have resulted in decline in groundwater level in many parts of the country which have adverse effects on various aspects including environment and forests. Water being a State subject, action to augment water supplies and replenishing of groundwater is to be taken by the concerned State Government The Union Government supplements the efforts made by the State Governments by providing technical and financial assistance in this regard.

Achievements of National Perspective Plan for Linking of Rivers

283. PROF. A. LAKSHMISAGAR: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether Govemmenfrhad mooted a National Perspective Plan for linking various rivers in the country and that National Water Development Agency was set up to cany out studies in this regard;

(b) the estimated outlay for the project;

(c) the estimated expenditure incurred since the setting up of the NWDA (till date);

(d) the achievements made so far; and

(e) the present position of the project?

THE MINISTER OF STATE INTHE MINISTRY OFWA1ER RESOURCES (SHRIMAT1BUOYA CHAKRAVARTY): (a)Yes, Sir.

(b) The tentative cost of the proposed identified links of the National Perspective Plan at 1995-96 price level is put at Rs. 3,30,000 crore.

(c) NWDA is an autonomous society and its expenditure is met through Grants-in-aid released by the Ministry of Water Resources. The total Grants-in-aid released till date is Rs. 10488.42 lakhs.

(d) and (e) National Water Development Agency has completed 137 water balance studies of basins/sub-basins, 71 water balance studies at diversion points, 74 toposheet studies of storage reservoirs, 37 toposheet studies of link alignments and 31 pre feasibility studies of links out of which 30 links have been identified for preparation of feasibility reports. Feasibility reports of five links have been completed.

Implementation of Supreme Court directions on Krishna water dispute

284. DR. Y. LAKSHMI PRASAD: Will the Minister of WATER RESOURCES be pleased to state:

(a) the latest directions of the Supreme Court over Kamataka/Andhra Pradesh water dispute on Krishna water; and •

(b) the action taken to implement them?

THE MINISTER OFSTATE INTHE MINISTRY OF WATER RESOURCES (SHRIMATI BUOYA CHAKRAVARTY): (a) and (b) The application of the Government of Kamataka before the Supreme Court on the construction by the Government of Andhra Pradesh of the Telugu Ganga and Srisailam Left Bank Canal projects on River Krishna came up for hearing on 8.10.2001 before a two Judge Bench who ordered that since in dealing with this application the interpretation of a judgement of Constitution Bench is required to be gone into, the matter be put up before the Constitution Bench.

Flourine in water in Kolar/lumkur districts

285. SHRI K. RAHMAN KHAN: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether Government are aware of the alarming level of flourine contents in water in Kolar and some parts of Tumkur districts;

(b) whether Government are also aware of prevalence of water borne diseases in these areas; and

(c) if so, the steps taken in this regard?

THE MINISTER OF STATE INTHE MINISTRY OF WATER RESOURCES (SHRIMATIBUOYA CHAKRAVARTY): (a) and (b) High levels of Flouride in ground water has been observed in certain parts of the districts of Kolar and Tumkur. The excess flouride in drinking water causes water borne diseases.

(c) Provision of safe drinking water is planned, financed and implemented by the State Governments. The Central Groundwater Board (CGWB) provides technical services to the State Governments in this endeavour. The CGWB has taken periodic monitoring of water quality. The data thus collected is made available to concerned State agencies. One pilot project of reverse osmosis based technology for treatment of flouride has also been installed recently at villages B.K. Halli and Rajavanthi in Pavagada taluk Tumkur district.

National Policy to share inter-state waters

286. SHRIYADLAPATI VENKAT RAO: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether a National Policy guidelines to share inter-State water for development has been ordered;

(b) if so, the details thereof; and

(c) the reaction of State Government diereto?

THE MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRIMATI BUOYA CHAKRAVARTY): (a) to (c) The draft National Policy Guidelines for Water Allocation amongst the Stales was considered by the National Water Resource Council (NWRC) in its 4th meeting held on 7th July, 2000. Keeping in view the divergent views expressed by some of the States the draft Guidelines were referred to the Working Group of Water Resources/ Irrigation Ministers of all States/Union Territories under the Chairmanship of Union Minister of Water Resources to achieve greater convergence and agreement on the Guidelines. During deliberations of the Working Group held on 24th September, 2001 it was felt that the issue of the guidelines needs a fresh re-look by the National Water Board in light of the

views expressed by the members in the meeting. The Working Group has made recommendation to NWRC accordingly.

Storage Capacity of Mullaperiyar Dam

287. SHRIS. NIRAIKULATHAN: Will the Minister ofWATER RESOUR CES be pleased to state:

(a) the height upto which water is presently allowed to be stored at Mullaperiyar Dam for use in Tamil Nadu.

(b) the actual, height upto which water could be stored;

(c) the reasons for storing water to a low height; and

(d) by when water will be allowed to be stored to full height for the benefit of Tamil Nadu?

THE MINISTER OF STATE INTHE MINISTRY OFWATER RESOURCES (SHRIMATIBUOYA CHAKRAVARTY): (a) to (c) The Mullaperiyar dam has full reservoir level of 152 feet. However, Keeping in view the safety of this dam in a meeting of Officers of the Central Water Commission. Government of Kerala and Tamil Nadu held in November 1979 it was recommended that the water level may not be allowed to go above 136 feet.

(d) The time by which water will be allowed to be stored to full height for the benefit of Tamil Nadu is linked to the implementation of strengthening measures suggested by the Expert Committee and the outcome of the case in the Supreme Court.

Modernization of Irrigation Projects in Orissa

288. SHRI ANANTA SETHI: Will the Minister of WATER RESOURCES be pleased to state:

(a) whether some State Governments have sent proposals to modernize some irrigation projects in their respective State;

(b) if so, the State-wise details of the proposals which have come to his Ministry;

(c) whether any such proposal has come from the Government of Orissa;

(d) if so, the steps taken to consider any such proposal; and

(e) the amount sanctioned accordingly to modernize the irrigation projects?

THE MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRIMATIBUOYA CHAKRAVARTY): (a) to (c)Yes Sir. 30 ERM (Extension, Renovation and Modernisation) proposals in respect of 19 Major and 11 Medium Irrigation Projects have been received from State Government including Orissa and are under different stage of appraisal. The details of these proposal are given in the Statement enclosed. *(See* below)

(d) Out of 6 proposal received from Government of Orissa 4 proposals have already been cleared by the Advisory Committee of Ministry of Water Resources subject to certain conditions which are yet to be fulfilled by the State Government and 2 proposals are under appraisal.

(e) Water being a State subject, the concerned State Government are primarily responsible for planning funding the execution etc. of all types of irrigation projects/schemes including flood control & drainage from their own resources and as per their own priorities. Central Plan assistance to the States is given in the form of block grants/loans and is not tied to any scheme or sector of development.

Statement

Modernisation of Irrigation Projects in Orissa

(Rs. Crores)

s. No	Name of Project	State	Major/ Medium	Estimated Cost	Status
1.	Krishna Delta System Mod.	Andhra Pradesh	Major	659.19	B
2.	Modernisation of Machchu-I	Gujarat	Major	8.12	B
3.	Mod. of Dadi Canal	J&K	Medium	10.91	A
4.	Mod. of New Pratap Canal	J&K	Medium	21.68	B
5.	Mod. of Kathua Canal	J&K	Medium	51.68	B
6.	Mod. of Nandi Canal	J&K	Medium	6.61	A
7.	Mod. of Ahji Canal	J&K	Medium	7.96	A
8.	Mod. of Lar Canal (Budgam)	J&K	Medium	6.63	A
9.	Mod. of Mavkhul	J&K	Medium	7	A
10.	Mod. of Martand Canal	J&K	Medium	17.72	A

S. No.	Name of Project	State	Major/ Medium	Estimated Cost	Status
11.	Mod. of babul Canal	J&K	Medium	4.77	A
12.	Upper Indravati Ext. Project	Orissa	Major	136.67	B
13.	Upper Kolab Ext. Project	Orissa	Major	71.66	B
14.	Improvement of Salki Irr. Project	Orissa	Major	11.57	B
15.	Improvement of Taladanda Main Canal & Distributory No. 12	Orissa	Major	57.06	A
16.	Improvement of Sason Canal System of Hirakund distribution system	Orissa	Major	34.92	B
17	Drainage Development (Ph-I) in Mananadi Delta Stage-I&II	Orissa	Majo.r	227.75	A
18.	Raising Lining of Bhakra Main Canal	Punjab	Major	20.46	B
19	Kandi Canal Extension from Hoshiarpur to Balachaur	Punjab	Major	147.12	B
20	Mod. & Ext. of Badshahi Canal	Punjab	Medium	11.77	A
21.	Punjab Irrigation Project (Lining of Cannels) under RIDF fund	Punjab	Medium	49.02	B
22.	Rajasthan Water Sector Restructuring Project	Rajasthan	Major	745.59	B
23.	Indira Gandhi Nahar Stage-I(ERM)	Rajasthan	Major	121.92	B
24.	Mod. of Cauvery delta Ph-I	Tamilnadu	Major	78.8	B
25.	Raising of Meja Dam	Uttar Pradesh	Major	65	B
26.	Lining of Channel in Bundelkhand	Uttar Pradesh	Major	57.37	B
27	Modernisation of Agra Canal	Uttar Pradesh	Major	74.16	B
28.	Increasing Capacity of Bhupti Pump Canal	Uttar Pradesh	Major	60.53	C
29	Improving Water Management in existing Sarda Canal System	Uttar Pradesh	Major	120.98	A
30.	Mod. of Kangsabati Res. (Ph-I)	. West Bengal	Major	471.9	A

Status:

(A) Under correspondence

(B) Put upto Advisory Committee & accepted subject to observations

(C) Deferred by Advisory Committee

Artificial Recharge of Ground Water Scheme

289. DR. DASARI NARAYANA RAO: Will the Minister of WATER RESOURCES be pleased to state;

(a) Whether Government have identified the over exploited and dark blocks areas in respect of ground water in Andhra Pradesh;

(b) if so, the District-wise details thereof;

(c) whether Gvoemment have constructed various recharge structures in these areas to implement Artificial Recharge of Ground Water Scheme; and

(d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTER OF WATER RESOURCES (SHRIMATI BUOYA CHAKRAVARTY): (a) and (b) As per information received from the Central Groundwater Board, there are 12 over-exploited and 14 dark mandals in the State of Andhra Pradesh. A list of over-exploited and dark mandals is given in the Statement enclosed. *(See* below)

(c) and (d) The Central Ground Water Board has sanctioned 5 proposals for artificial recharge under its pilot Central Sector Scheme on artificial recharge of ground water in the district of Mehboobnagar and work on these is under progress.The Central Ground Water Authority has also organized mass awareness programmes in the districts of Nalgonda and Mehboobnagar about the need for protection and conservation of ground water.

Statement

List of over-exploited and dark Mandals in Andhra Pradesh

SI. No.	District	Over	Dark Mandals
1.	Cuddapah	Vempalli	Proddatur
2.	Anantapur	Rolla	Paraigi Yadiki
3.	Chittoor	KammapaUi Somala Tirupathi (R)	Chandragiri
4.	Guntur	Thulium	—

1	2	3	4
5.	Itarimnagar	Kothalapur	Chigurumamidi Metpalli
6.	Mehboobnagar	Midgil	«
7.	Medak	—	Dhoulatabad
8.	Nafgonda	Maruguda	Chityal Rajapet
9.	Nellore	—	Buchireddipalem
10.	Nizamabad	Armoor Sadasivanagar	Sirikonda Vailpur
11.	Warangal	-	Bachannapet
12.	West Godavan	Undrajawaram	—
	TOTAL-	12	14

Condition of Extracted Ground Water

290. SHRI CO. POULOSE: Will the Minister of WATER RESOURCES be pleased to state;

(a) the State-wise condition of ground water extracted in the country;

(b) the quantum of ground water extracted for irrigation purposes resulting in receding of water table each year, State-wise; and

(c) the setps Government propose to take in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF WATER RESOURCES (SHRIMAH BUOYA CHAKRAVARTY): (a) and (b)A statement indicating state-wise position of utilizable irrigation potential, potential created and potential utilized from ground water in the country is enclosed at Statement-I *{See* below).

The long-term observations made by the Central Ground Water Board have shown a situation of fall in the level of ground water in various parts of the

country. The names of the districts having prokets where fall in the ground water level for more than 4 metre (1981-2000) has been observed in different States is given in Statement-U *(See* below).

(c) Water being a State subject, it is primarily the responsibility of the concerned State Government to plan, finance and execute schemes for augmenting water resources. Govememt of India is also promoting rainwater harvesting through Watershed Management Programme, artifical recharge of ground water and rooftop rain water harvesting under various schemes. Various measures as initiated by the Central Government for water conservation and augmenting ground water resources are indicated below:—

(i) Constitution of Central Ground Water Authority under the Environment (Portection) Act, 1986 for regulation and control of ground water management and development.

(ii) Circulation of a Model Bill to all the States / Union Territories to enable them to enact suitable legislation for regulation and control of ground water development.

(ii) Circulation of Manual on artificial recharge of ground water to the State Union Territories to enable them to formulate area specific artificial recharge schemes to check the declining trend in ground water levels.

(iii) Implementation of pilot Central Sector Scheme on Studies on Artificial Recharge of Ground Water in the country at an estimated cost of Rs. 25.00 crore. Recharging wells and rain water harvesting are integral part of this scheme. The results of the scheme have been found to be very encouraging.

Statement-I

Irrigation Potential from Ground Water

(AS ON 1996-97)

Sl. No.	States	Utilisable Irrigation Potential m.ha.	Potential created m.ha.	Potential Utilised m.ha
1	2	3	4	5
1.	Andhra Pradesh	3.96008	1.77420	1.73910

1	2	3	4	5
2.	Arunachal Pradesh	0.018O0	0.00240	0.00240
3.	Assam	0.90000	0.20680	0.15180
4.	Bihar	4.94763	4.29180	3.81590
5.	Goa	0.02928	0.00190	0.00170
6.	Gujarat	2.75590	1.77890	1.69370
7.	Haryana	1.46170	1.54490	1.49930
8.	Himachal Pradesh	0.06850	0.01570	0.01150
9.	Jammu & Kashmir	0.70795	0.01160	0.01100
10.	Kamataka	2.57281	0.78010	0.76410
11.	Kerala	0.87925	0.14060	0.12420
12.	Madhya Pradesh	9.73249	1.62290	1.50630
13.	Maharashtra	3.65197	1.63630	1.58840
14.	Manipur	0.36900	0.00060	0.00050
15.	Meghalaya	0.06351	0.01020	0.01000
16.	Mizoram	Not assessed		
17.	Nagaland	Negligibile		
18.	Orissa	4.20258	0.71720	0.60070
19.	Punjab	2.91715	3.41200	3.35300
20.	Rajasthan	1.77783	2.04840	2.01250
21.	Sikkim	Note assessed		
22.	Tamil Nadu	2.83205	1.31450	1.31190
23.	Tripura	0.08056	0.02120	0.02120
24.	Urtar Pradesh	16.79896	22.63400	20.35800
25.	West Bengal	3.31794	1.85520	1.41310
	TOTAL STATES:	64.04514	45.82140	41.99030
	TOTAL UTs:	0.00504	0.06240	0.06180
	GRANDTOTAL:	64.05018	45.88380	42.05210

*Note: Relates to Dadra & Nagar Haveli only,
* m.rnh.—Million hectares

Statement-II

Name of the State/U.TJDistrict having pockets with fall in ground water level of more than 4 metre (1981-2000)

STATE/UT	DISTRICTS
ANDHRA PRADESH	Adilabad, Ananthapur, Chittoor, Cuddapah, East, Guntur, Hyderabad, Karimnagar, Khammam, Krishna, Kurnool, Mahabubnagar, Medak, Nalgonda, Nellore, Nizamabad, Prakasam, Rangareddi, Srikakulam, Vizianagaram, Visakhapatnam, Warangal, West Godavari,
BIHAR (including Jharkhand)	Dhanbad, Purb Singhbhum, Darbhanga.
CHHATTISGARH	Bastar, Bilaspur, Durg, Raigarh, Raipur, Rajnandgaon, Satna, Sidhi.
GUJARAT	Ahmedabad, Amreli, Banaskantha, Bharuch, Bhavnagar, Jamnagar, Junagadh, Kheda, Kutch, Mehsana, Rajkot, Surat, Surendranagar.
HARYANA	Ambala, Bhiwani, Faridabad, Gurgaon, Hisar, Jind, Kaithal, Kamal, Kurukshetra, Mahendergarh, Panipat, Rewari, Rohtak, Sonepat, Yamunanagar. Bangalore (Rural), Bellary, Belgum, Bidar, Bagalkot, Bijapur,
KARNATAKA	Chitradurga, Devangiri, Dharwar, Gadag, Gulbarga, Haveri, Hassan, Kolar, Mysore, Chamarajanagar, Raichur, Shimoga, Kapol, Tumkur, Uttara Kannada.
MADHYA PRADESH	Betul, Bhind, Chhatarpur, Chhindwara, Damoh, Datia, Dewas, Dhar, Guna, Gwalior, Indore, Jabalpur, Katni, Khandawa, Khargone, Mandsaur, Morena, Narsingpur, Neemuch, Panna, Raisen, Raigarh, Ratlam, Sagar, Sehore, Shajapur, Shivpuri, Ujjain, Vidisha.
MAHARASHTRA	Ahmednagar, Akola, Beed, Bombay, Dhule, Gadchiroli, Kolhapur, Nanded, Nasik, Osmanabad, Amravati, Aurangabad, Bhandary Buldhana, Chandrapur, Jalgaon, Jalna, Latur, Nagpur, Parbhani, Pune, Ratnagiri, Sangli, Sindhudurg, Thane, Satara, Solapur, Wardha, Yavatmal.

STATE/UT	DISTRICTS
ORISSA	Angul, Balasore, Bargarh, Bolangir, Dhenkanal, Gajapati, Ganjam, Jaipur, Kalahandi, Keonjhar, Khurda, Koraput, Malkangiri, Mayurbhanja, Nawapara, Nawarangpur, Sundargarh, Suvarnapur.
PUNJAB	Amritsar, Bathinda, Fatehgarh, Firozepur, Jalandhar, Kapurthala, Ludhiana, Moga, Nawan Shehar, Patiala, Ropar, Sangrur.
RAJASTHAN	Ajmer, Alwar, Bhilwara, Dungarpur, Ganganagar, Jaipur, Jaisalmer, Jhalawar, Jhunjhunu, Jodhpur, Nagaur, Pali, Rajsamand, Sikar, Udaipur,
TAMILNADU	Coimbatore, Cuddalore, Dharmapuri, Kancheepuram, Kanyakumari, Madras, Pudukottai, Sivagangai, Tanjavur, Theni.Tirunelveli.Thiruvallur.Tiruvan Truvannnamalai, Thiruvarur, TAiticorin.
UTTAR PRADESH (including (Uttaranchal)	Agra, Aligarh, Allahabad, Budaun, Bijnor, Bulandshar, Etah, Etawah, Farrukhabad, Fatehpur, Gaziabad, Hardoi, Kanpur, Lucknow, Mathura, Meerut, Moradabad, Rai Bareli, Saharanpur, Unnao.
WEST BENGAL	Bankura, Bardhaman, Medinipur, N-24 Parganas, Purulia.
NCT OF DELHI	Mehrauli, Najafgarh and City block.
PONDICHERRY	Pondicherry.

WRITTEN ANSWERSTO STARRED AND UNSTARRED QUESTIONS SET FOR THE 19TH NOVEMBER, 2001*

Access of disabled to education

*1. PROF. (SHRJMATI) BHARATI RAY: Will the Minister of SOCIAL JUSTICE AND EMPOWERMENT be pleased to state:

(a) whether India has more than five crore disabled people;

(b) whether over 98 percent of them have little or no access to education

*The sitting of the Rajya Sabha on Monday, the 19th November, 2001 was adjourned as a mark of respect to the memory of Shri Madhavrao Scindia. Answers to Questions put down in the list for that day were laid on the Table of the House on Tuesday, the 20th November, 2001.

and scholarships are given only to deserving disabled students with limited means; and

(c) if so, the steps being taken by Government to provide a helping hand for the disabled persons in view of their great success in every field?

THE MINISTER OF SOCIAL JUSTICE AND EMPOWERMENT (DR. SATYA NARAYAN JATTYA): (a) to (c) As per the sample survey conducted by the National Sample Survey Organisation (NSSO) in 1991, approximately 5% of the population is estimated to be affected by some kind of disability. A large proportion of these persons are in the older age group and not within the age group for formal education.

With a view to ensuring that all children includung those with disabilities get access to education, the government has launched the Sarwa Shiksha Abhiyan. Through this, several options are available to children with disabilities for pursuing their education in inclusive schools, integrated schools, through non- formal system, National Open School and through institutions for special education run by government and voluntary organizations. The scheme of Integrated Education for Disabled Children (IEDC) provides for additional support by way of developing resource rooms in schools, teaching aids, assistive devices and transportation for the children. Many of the State Governments also provide scholarships and other support to children with disabilities to encourage them to pursue their education. To facilitate students with disability in pursuing education at the higher level, the Persons with Disabilities Act provides for reservation of 3% seats in admissions in educational institutions run or aided by government.

Besides, rehabilitation services and vocational training are provided through Government run institutions and voluntary organizations. For the economic empowerment of persons with disabilities and to encourage their self-employment, they are supported through Swamajayanti Gram Swarozgar Yojana (SGSY) and loan programmes of financial institutions and banks.

Operation at Tandur Plant of CCI

* 2. SHRI RAMA MUNI REDDY SIRIGIREDDY:
SHRIK. RAMA MOHAN A RAO:

Will the Minister of HEAVY INDUSTRIES AND PUBLIC ENTERPRISES be pleased to state:

(a) whether it is a fact that operation at Tandur Plant of Cement Corporation of India (CCI) has resumed;

(b) the installed capacity of the plant;

(c) whether his Ministry has released the amount for working capital and modernization, as assured by him; and

(d) if not, when his Ministry is going to release the funds?

THE MINISTER OF HEAVY INDUSTRIES AND PUBLIC ENTERPRISES (SHRI MANOHAR JOSHI): (a)Yes, Sir.

(b) 10 lakh Metric tonnes of cement per annum.

(c) and (d)An amount of Rs. 12.50 crore has been released to the company for meeting the working capital requirement of the Tandur Plant.

Criteria for recognising hospital etc.

* 3. SHRI SURYABHAN PATTLVAHADANE:
SHRI ANIL SHARMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of criteria adopted in recognising the private hospitals/ diagnostic centres under CGHS at Delhi, Faridabad, Gurgaon etc. vide OM F.No. Rec-24/2001/JD(M)/CGHS/DELHI/CGHS(P), dated the 7th September, 2001; and

(b) the reasons for excluding and de-recognising Hospitals like Batra Hospital, New Delhi, Escorts Heart Institute, New Delhi, Escorts Hospitals and Research Centre, Faridabad, Holy Family Hospital and Sunder Lai Jain Hospital, AshokVihar, Delhi?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The following criteria were adopted for recognising the private hospitals/diagnostic centres under CGHS, Delhi and outside Delhi:—

(i) Criteria for hospital in Delhi, Faridabad, Gurgaon etc.:—

For General Purpose:

It should be at least a 100-bedded hospital with emergency facilities including ICCU, having well equipped operaion threatre with Resuscitation and Sterilisation facilities, adequate diagnostic services both in Pathology and Radiology, sufficient number of Resident doctors and Para-Medical staff adequate space, own transport system (Ambulance etc.) 24 hour water and power supply, adequate suitable waste disposal facilities etc.

For specialised purpose:

Hospital should be well equipped with ultra-modern facilities including the state of the art machinery. The criteria of minimum 100 beds has not been applied to any hospital offering a single super speciality. However, such a hospital should be technically very sound.

(ii) For Hospital in Satellite towns:

The same criteria as in Delhi were followed for Satellite towns. The limit of 100 beds in a general purpose hospital is not applied.

For Diagnostic Centres:

(i) Laboratory Pathology/Biochemistry/Microbiology-Lab should have full time Specialist, modem gadgets with fully automatic Chemistry analyser and Haematology counters, well trained qualified technicians, Adequate existing work load (40—SO samples a day), adequate space, adequate arrangements for waste disposal etc.

(ii) Radiology Modem X-Ray Machine (minimum 300 M.A.), Ultra Sound, CT Scan, MRI facilities, part-time specialists, adequate well trained technical staff, adequate existing workload of 40—50 patients a day.

Batra Hospital, Escorts Heart Institute, New Delhi and Sunder Lai Jain Hospital (as also Sir Ganga Ram Hospital, Indraprastha Apollo Hospital and Dharmshila Cancer Hospital & Research Centre) have not agreed to the revised rates along with terms and conditions, offered by the Government in the tender document However, it has been decided for the benefit of the CGHS beneficiaries that they can take treatment in these hospitals, but reimbursement shall be

restricted as per the package rates mentioned m this Ministry's earlier O.M. No. S.l 1011/16794-CGHS-Desk II/CMO(D) CGHS (P) dated 18.09.1996. Escorts Hospital and Research Centre, Faridabad and Holy Family Hospital did not apply for recognition of their hospitals under the CGHS.

Protective measures against natural calamities

* 4. SHRINAGENDRA NATO OJHA.

SHRI J. CHITTHARANJAN:

Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) whether it is a fact that Government had written to all State Governments pointing out which of their territorial areas were prone to natural calamities such as earthquake, cyclone and floods and suggesting protective measures which they should take to minimise the likely damage in case any such disaster struck;

(b) if so, the details thereof;

(c) the States who responded to the suggestions made and the measures taken/being taken by these States in this regard; and

(d) further steps being taken by Government to pursue the matter with the remaining States?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) and (b) Yes, Sir. The Government of India has communicated to the State Governments/UTs pointing out areas which are more prone to natural hazards. The need to promote disaster resistant technologies through suitable amendments in their building bye-laws and regulations, land use zoning, development control rules and Town & Country Planning acts was also emphasized in the communications. This Ministry had also advised the States/UTs to take up programmes for retrofitting and strengthening of the existing housing stock with a view to preventing their large scale damage and destruction in case of occurrence of any natural hazard.

(c) A Statmenet is given *(See* below).

(d)TVo national level meetings were organised with the State Ministries and professionals to focus on the need for introducing disaster resistant technologies in building and housing construction.

State Govemments/UTs were requested to ensure timely action on amendment of the concerned rules & regulations. The Building Materials and Technology Promotion Council under Ministry of Urban Development & Poverty Alleviation has been advised to follow up the matter with States and UT Governments concerned to ensure that suitable amendments are incorporated in the building bye-laws and regulations quickly.

Statement

A status report of the response of the States/UTs regarding review of the bye-laws & Development Control Rules to improve preparedness against natural disasters.

1.	States & UTs who have amended/initiated action for amendment of Building Bye-laws-Consequent to the issues raised by the Ministry of Urban Development & Poverty Alleviation	Andhra Pradesh, Chandigarh, Madhya Pradesh, Manipur Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, West Bengal
2.	States/UTs where Ministry of Urban Development & Poverty Alleviation has helped in formulating appropriate amendments.	Delhi, Gujarat, Tripura
3.	States/UTs where building Bye-laws are yet to be amendment.	Andaman & Nicobar Islands Haryana, J&K, Kamataka, Kerala, Meghalaya, Pondicherry, Sikkim.
4.	States/UTs where Bye-laws are yet to be enacted.	Arunachal Pradesh, Lakshadweep, Nagaland.

Institutions for disinvestment

† * 5. SHRI KAPIL SIBAL: Will the Minister of DISINVESTMENT be pleased to state:

† Original notice of the question was received in Hindi.

(a) whether names of certain institutions have been forwarded to Government for disinvestment;

(b) if so, the decision taken in respect of the institutions for the purpose of disinvestment till September, 2001; and

(c) the details of the institutions, out of them, which are not making any production, due to sickness and Government are forced to contribute for their maintenance annually?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) and (b) Government has identified 13 public sector enterprises, with tight time frame, to be disinvested this year. These are: Bharat Heavy Plates & Vessels Ltd. (BHPV), CMC Ltd., IBPCo. Ltd., Indian Petrochemicals Corporation Ltd. (IPCL), India Tourism Development Corporation (ITDC), Instrumentation Control Valves Ltd. (ICVL), Jessop & Co. Ltd., Maruti Udyog Ltd., NEPA Ltd., HTL Ltd., Hindustant Zinc Ltd., Hotel Corporation of India Ltd. andVidesh Sanchar Nigam Ltd. (VSNL). Out of them, disinvestment transaction has already been completed in repoect of HTL Limited and CMC Limited. Action has also been finalised in respect of certain hotels under ITDC & Hotel Corporation of India.

(c) All of these companies are making production.

Prevention of Anthrax

* 6. SHRI H.K. JAVARE GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Anthrax affected persons in Kamataka;

(b) the number of persons died due to Anthrax in the State;

(c) the steps taken by Government to prevent/eradicate Anthrax in the State; and

(d) the financial and medical facilities provided, so far?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR):

(a) and (b) Natural anthrax is endemic in some parts of the country. The data available with National Institute of Communicable Diseases is as under:—

	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Karnataka	8	5	Nil	Nil	4	2

(c) and (d) The steps taken by the State Government:

(i) The first meeting was convened by the Principal Health Secretary on 22.10.2001 for formulation of guidelines for prevention and control of Anthrax in the State under the chairmanship of Hon'ble Health Minister, Government of Karnataka.

(ii) Second meeting was held at *the* Directorate on 23.10.2001 on the advice of the Health Minister involving key departmental heads to discuss and suggest various control measures of Anthrax in the State.

(iii) All the district health officers of the State had been called on 30.10.2001 to the Directorate of Health Services, Government of Karnataka and were instructed to gear up the precautionary measures at the respective district level.

(iv) Rs. 1 crore worth of drugs were purchased to treat the Anthrax cases in the State by the Government of Karnataka.

(v) Few beds are reserved in all the hospitals of the State to admit and treat anthrax cases if reported.

(vi) To educate the health workers on anthrax booklets in Kannada and English in the forms of questionnaire were prepared and distributed.

(vii) 1.5 lakhs handbills containing brief information about Anthrax were also printed and distributed to all the District Health Officers for necessary action.

The Central Government has initiated the following actions:—

(i) In this context, a detailed list of biological agents used as weapons prepared by the Indian Council of Medical Research along with signs and symptoms, likely methods of dissemination, incubation period, lethality and the availability of vaccines, anti-microbial therapy and

treatment has been circulated to all the States and Union Territories and Central Government hospitals in order to take precautionary steps such as earmarking of maximum number of beds for emergency contingency, stocking of vaccines/sera/drugs to the extent possible, setting up a special team of doctors for coordinated action and sensitise them on the impact of such weapons and treatment measures.

(ii) A national workshop was conducted at the NICD in September, 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(iii) An issue of CD alert (monthly Newsletter Of NICD) on bioterrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different States and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iv) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(v) A meeting on chemical and bio-terrorism was organised on 29th October, by the Department of Health which was participated by the Secretaries of Home and Health, Director of Health Services from various State / . Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(vi) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency for investigations of any specimen suspected for anthrax.

(vii) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

Use of infrastructure facilities by private EM. Radio companies in metros

* 7.'SHRI C.P. THIRUNAVUKKARASU: Will the Minister of INFORMATION AND BROAnCASTING be pleased to state:

(a) whether Government propose to allow private F.M. Radio companies to use the infrastructure facilities in the metros.

(b) if so, whether any feasibility study has been conducted in this regard;

(c) if so, the recommendations made by the study; and

(d) whether any Memorandum of Understanding has been signed for providing the facilities, so far?

THE MINISTER OF INFORMATIONAND BROADCASTING (SHRTMATI SUSHM A SWARAJ): (a) Prasar Bharati has informed that they propose to allow private F M Radio companies to use its infrastructure in 3 metros, namely, Delhi, Kolkata and Chennai.

(b) and (c) The technical examination has been done by Prasar Bharati in this respect and it has been found technically feasible to locate common antenna on existing towers, if necessary with some modifications in these metros.

(d) No Memorandum of Understanding has been signed so far.

Strategy to tackle the problems of slums and its dwellers

* 8. SHRI RUMANDLA RAMACHANDRAIAH: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) whether it is a fact that Government have prepared and finalised a slum policy;

(b) if so, whether it is also a fact that two-pronged strategy would be adopted to tackle the problems of slums and their dwellers;

(c) if so, the details thereof;

(d) the total amount, so far, agreed to be provided in implementing the scheme; and

(e) the State where this scheme will be introduced?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) and (b) The Ministry has prepared a draft "National Slum Policy", however, the same has not been finalized so far. The draft policy has been circulated to all the States/UTs, for their comments/ observations, which are still awaited. The Government has recently decided to launch a new scheme known as "Valmiki Ambedkar Awas Yojana" (VAMBAY)

with a two pronged strategy *viz.* to provide shelter or upgrade the existing shelter for people below poverty line in urban slums for achieving the goal of "Housing for all" as outlined in the National Housing and Habitat Policy and to provide sanitation coverage to slums under 'Nirmal Bharat Abhiyan', a sub-component of VAMBAY in all the mega cities, metro cities and other States/UTs capitals.

(c) and (d) Under the "Valmiki Ambedkar Awas Yojana", an annual grant of Rs. 1000 crore has been announced which is to be matched equally by HUDCO as a loan component. As a sub-component of VAMBAY, it is proposed to introduce a National City Sanitation Programme or Nirmal Bharat Abhiyan under which it is proposed to cover slums in all the mega cities, metro cities and other States / UTs capitals with 100 per cent sanitation coverage. The community toilet will be maintained by community Based Organisations (CBOs) from among slum dwellers memselves and each slum family will be provided a family pass for use @ Rs. 20 or so per month, which is far less than what is available from existing pay and use toilets run by other organisations.

(e) The "Valmiki Ambedkar Awas Yojana" scheme will be applicable to all the States/UTs.

Unauthorised constructions in the capital

* 9. SHRIABANI ROY: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) whether unauthorised constructions in the capital have once again been increasing on mass scale during the past few months;

(b) if so, whether the civic agencies, DDA and Delhi Police are keeping their eyes closed on such clandestine activities;

(c) if so, whether Government have taken/propose to take any steps to check such unauthorised constructions and also to pull down such constructions which have unauthorisedly taken place earlier; and

(d) if so, the details thereof?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) No, Sir.

(b) Does not arise in view of reply to (a) above.

(c) and (d) Detection of, and action against, unauthorised construction is a continuous and on-going process under the relevant laws. The Ministry has also been, from time to time, issuing instructions drawing the attention of the concerned agencies to the need to take effective action in this regard. This has been reiterated by issuing comprehensive instructions on 28.8.2000 with the aim of ensuring effective and systematic action against all types of unauthorised/ illegal constructions in Delhi.

Tribal deaths in Orissa

* 10. SHRI ANANTA SETHI: Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) the number of tribals who died in various districts in Orissa from 1st January of the current year, till date;

(b) the reasons of their deaths;

(c) whether it is a fact that a large number of deaths are taking place in that State, particularly in the KBK districts;

(d) if so, the reasons therefor; and

(e) the steps taken to prevent the untimely and unnatural deaths?

THE MINISTER OF TRIBAL AFFAIRS (SHRI JUAL ORAM): (a) and (b) As per the report of the State Government, the specific data regarding deaths of tribals and reasons thereof is not maintained, district-wise;

(c) As per the information furnished by the State Government, it is not a fact that large number of deaths are taking place in the State of Orissa and particularly in KBK districts.

(d) Does not arise.

(e) The Ministry has launched a Central Sector scheme of 'Grain Banks in Tribal Areas' during 1996-97 to overcome the problem of unnatural deaths of tribals due to starvation or mal-nutrition. Under the scheme the Ministry has released funds of Rs. 427.84 lakhs to the State of Orissa for setting up of 742 grain banks. In addition, the State Government has also been implementing schemes like Food for works, Employment Assurance Scheme, Mid-day Meal Scheme, Integrated Child Development Scheme, National Old Age Pension Scheme, Annapuma Scheme, Antyodaya AnnaYojana, National Family Benefit Scheme, Public Distribution Scheme etc.

PSUs identified for sale

* 11. SHRI J. CHITHARANJAN:
SHRIVV.RAGHAVAN:

Will the Minister of HEAVY INDUSTRIES AND PUBLIC ENTERPRISES be pleased to state:

(a) whether it is a fact that Government have identified five strategic public sector undertakings for sale; and

(b) if so, the details of the assets value, liabilities etc. of these undertakings?

THE MINISTER OF HEAVY INDUSTRIES AND PUBLIC ENTERPRISES (SHRI MANOHAR JOSHI): (a) No, Sir.

(b) Does not arise.

Bungalows identified for demolition and new construction

* 12. SHRI SANTOSH BAGRODIA: Will the Minister of URBAN DEVELOPMENTAL POVERTY ALLEVIATION be pleased to state:

(a) whether it is a fact that there are large number of old bungalows in metropolitan cities which despite spending huge amount on their maintenance are still in a dilapidated condition;

(b) if so, whether there is any proposal to demolish them and construct new bungalows in their places; and

(c) the number of such bungalows identified by Government upto 31st October, 2001, for demolition and construction of new ones in their place?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) while there are large numbers of old bungalows in various cities, these are not in a dilapidated condition except for 2 bungalows at Indore and one at New Delhi. All the others are maintained in a satisfactory and habitable condition although expenditure on them is comparatively more as they are old and were built with the specifications prevalent at the time of construction.

(b) No, Sir, at present there is no proposal to construct new bungalows by demolishing old bungalows.

(c) Even though, there is no proposal to construct new bungalows in place of old-bungalows, the following bungalows have been identified-for demolition for construction of flats and other purposes:—

(i) New Delhi — 2, Sunehri Bagh Road

(ii) Indore—10, Kanchan Bagh & 12, Kanchan Bagh

(iii) Other Metropolitan cities— Nil.

Completion of shareholders' agreement for privatisation

* 13. SHRI LAJPAT RAI: Will the Minister of DISINVESTMENT be pleased to state:

(a) the details of organizations in which shareholders' agreement for privatization has been completed;

(b) the disinvestment target set and whether Government will be able to meet the target; and

(c) the details of the companies slated for privatisation during this year?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) In the current year thus far, disinvestment transaction has been completed for HTL Limited & CMC Limited, for which Share Holders' Agreements have been signed.

(b) The disinvestment target for this year is Rs. 12,000 crore. It is not possible to predict at this stage whether the target will be met.

(c) The Companies slated for disinvestment during the year 2001-02 include Bharat Heavy Plates & Vessels Ltd. (BHPV), CMC Ltd., IBP Co. Ltd., Indian Petrochemicals Corporation Ltd. (IPCL), India Tourism Development Corporation (ITDC), Instrumentation Control Valves Ltd. (ICVL), Jessop & Co. Ltd., Maruti Udyog Ltd., NEPA Ltd., HTL Ltd., Hindustan Zinc Ltd., Hotel Corporation of India Ltd. and Videsh Sanchar Nigam Ltd. (VSNL). Out of these, the disinvestment process in HTL Ltd., and CMC Ltd. have been completed. The disinvestment process in ITDC (1st tranche) & Hotel Corporation of India Ltd. have also been partially completed.

Shortage of dwelling units

* 14. SHRI NARENDRA MOHAN: Will the Minister of URBAN DEVELOPMENTAND POVERTY ALLEVIATION be pleased to state:

(a) whether it is a fact that, at present, country faces a shortage of over 20 million dwelling units;

(b) if so, whether Government are thinking of providing the right policy and reform impetus coupled with other infrastructural inputs so that maximum number of persons, especially belonging to lower strata of society, could be provided this basic necessity; and

(c) if so, the details thereof and the time frame?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) to (c) As per the projections made by the Working Group for the Ninth Plan, a total of 16.76 million units would have to be constructed in the urban areas during the Ninth Plan period for covering housing shortage.

The National Housing & Habitat Policy, 1998 laid on the Table of the Lok Sabha and Rajya Sabha on 29.7.1998 envisages Government's role as an enabler rather than builder. Government aims to create an enabling environment by removing the legal, regulatory, technical, and financial constraints facing the housing sector. The State Governments are required to draw their own action plans to address the housing problems in their States.

Housing is a State subject. However, in order to facilitate construction of adequate housing facilities, particularly for EWS and LIG, Government of India has launched the Two Million Housing Programme under which construction of 7 lakh houses in urban areas and 13 lakh in rural areas every year will be facilitated through State Government agencies on a demand-driven approach. A new scheme called Valmiki Ambedkar Awas Yojana has been announced which plans to construct 4 lakh dwelling units per year in urban areas for slum dwellers. At the present rate of shelter delivery, it may require atleast another 15 years by which the shelter needs of the poor in all States will be largely met.

Infantile Mortality Rate

* 15. SHRI CM. IBRAHIM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) which State leads the States in terms of high Infantile Mortality Rate;

(b) the IMR per thousand births in each State; and

(c) the special steps being taken to bring down IMR in different States?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The State of Orissa registered the highest infant mortality rate of 97 per thousand live births in 1999. The Statement on Infant Mortality Rate, State/UT-wise in descending order is laid on the table of the House *(See* below).

(c) Under the Reproductive and Child Health Programme, various measures are being taken to reduce the Infant Mortality Rate. These include immunization against six vaccine preventable diseases; appropriate management of cases of diarrhoea and acute respiratory infections, provision of essential newborn care, promotion of nutritional status of children through advocacy of exclusive breastfeeding and appropriate complementary feeding practices and prophylaxis against Vitamin A and Iron deficiency.

Statement

Infant Mortality Rate-1999

S.No.	All India	70
1.	Orissa	97
2.	Madhya Pradesh	90
3.	Uttar Pradesh	84
4.	Rajasthan	81
5.	Chhattisgarh	78
6.	Assam	76
7.	Jharkhand	71
8.	Haryana	68
9.	Andhra Pradesh	66
10.	Bihar	63
11.	Gujarat	63

S.No.	All India	70
12.	Himachal Pradesh	62
13.	Karnataka	58
14.	Meghalaya	56
15.	Dadar&NHaveli	56
16.	Punjab	53
17.	Tamil Nadu	52
18.	West Bengal	52
19.	Uttaranchal	52
20.	Sikkim	49
21.	Maharashtra	48
22.	Arunachal Pradesh	43
23.	Tripura	42
24.	Daman & Diu	35
25.	Lakshadweep	32
26.	Delhi	31
27.	Chandigarh	28
28.	Manipur	25
29.	Andaman & N Island	25
30.	Pondicherry	22
31.	Goa	21
32.	Mizoram	19
33.	Kerala	14
34.	Jammu & Kashmir	NA
35.	Nagaland	NA

SOURCE: O/O Registrar General of India.

Creation of Welfare Fund for lawyers

* 16. SHR1C. RAMACHANDRAIAH: Will the Minister of LAW, JUSTICE AND COMPANY AFFAIRS be pleased to state:

(a) whether there is any proposal to enact a legislation for creation of Welfare Fund for lawyers of the country;

(b) if so, the details of the circumstances which have prompted Government to initiate the aforesaid legislation and the objectives to be achieved thereby;

(c) whether the Bar Council of India has been consulted in the matter;

(d) if so, the details of the suggestions; and

(e) by when a Bill on the subjects is likely to be brought before the Parliament?

THE MINISTER OF LAW, JUSTICE AND COMPANY AFFAIRS (SHRIARUN JAITELY): (a) and (e) A legislation for creation of Welfare Fund for lawyers, namely, the Advocates' Welfare Fund Act, 2001 (45 of 2001) has already been enacted and come into force with effect from 1st November, 2001 in the whole of India except the States in which the enactments specified in Schedule II to the said Act are applicable.

(b) Social security in the form of financial assistance to junior lawyers and welfare schemes for indigent or disabled advocates has long been a matter of concern for the legal fraternity. Some States have established funds for the benefit of advocates and certain States have even enacted legislations also. However, there is neither any uniformity nor the said provisions are considered adequate. Moreover, the Advocates Act does not authorize levy of any welfare fund stamp of *Vakalatnama.* There has, therefore, been felt a need for a Central legislation applicable to the Union Territories and the States which do not have their own enactments on the subject, for constitution of 'Advocates' Welfare Fund' by the appropriate Government.

(c) and (d) Bar Council of India had been consulted and its suggestions were duly considered before introduction of the Bill on the subject in Parliament.

Disinvestment of Petroleum related PSUs

* 17. SHRI RAJNATH SINGH 'SURYA': Will the Minister of DISINVESTMENT be pleased to state:

(a) whether Government are considering to offer petroleum related PSUs for disinvestment;

(b) if so, the names thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE): (a) to (c) The disinvestment policy of the Government is that the Government, in generality of cases, will reduce its equity to 26% or below in Central Public Sector Undertakings operating in non-strategic areas. The strategic Public Sector Enterprises are those operating in the areas of arms and ammunition and the allied items of defence equipment, defence aircraft and warships; atomic energy, except in the areas relating to the generation of nuclear power and the applications of radiation and radio isotopes to agriculture, medicine and non-strategic industries; Railway transport.

The consideration of proposals for disinvestment in Central Public Sector Undertakings including Public Sector Oil Companies is a continuous process. The Government has decided to retain 26% equity in IBP Co. Ltd. and to disinvest 33.6% through strategic sale through international competitive bidding. The process of disinvestment in IBP Co. Limited has not yet been completed.

The Government had also accorded approval in May, 1998 for disinvestment of 10% equity capital of Indian Oil Corporation Limited through GDR/domestic issue. The GDR/domestic issue has not taken place thus far.

Unspent amount under Urban Employment Generation Programme (UEGP)

* 18. SHRI KHAGEN DAS: Will the Minister of URBAN DEVELOPMENT AND POVERTY ALLEVIATION be pleased to state:

(a) whether under Central and States share of fund of Rs. 2039.89 crore released under Urban Employment Generation Programme (UEGP), a sum of Rs. 645.98 crore remained unspent as on 31st March, 2000;

(b) whether it is a fact that 910 schemes under the programme in the States were abandoned mid-way after incurring Rs. 6.02 crore;

(c) if so, the reasons therefor; and

(d) the action taken by Government on both the counts?

THE MINISTER OF URBAN DEVELOPMENT AND POVERTY ALLEVIATION (SHRI ANANTH KUMAR): (a) Ministry of Urban Development & Poverty Alleviation has been implementing a unified Centrally Sponsored urban poverty alleviation programme named Swama Jayanti Shahari Rozgar Yojana (SJSRY) with effect from 01.12.1997, subsuming all previous Urban Poverty Alleviation (UPA) programmes, with a view to provide gainful employment to the urban unemployed or under-employed poor. The programme is funded in the ratio of 75:25 between the Centre and the States. Central funds amounting to Rs. 375.87 crores were released to the States/UTs under SJSRY from 01.12.1997 to 31st March 2000. States have reported the release of their share amounting to Rs. 69.47 crores for the same period. An unspent balance of Rs. 543.42 crores (tentatively) from old UPA programmes had also been reported by the States/UTs. Thus, out of the availability of total fund of Rs. 988.76 crores, the States/UTs had reported availability of an unspent balance of Rs. 582.43 crores with them till 31st March 2000.

(b) and (c) No, Sir. SJSRY is an ongoing scheme.

(d) Guidelines have been issued to all the States/UTs for effective implementation of the scheme. Government is monitoring the scheme through (i) the Quarterly Progress Reports, (ii) field visits and (iii) review meetings at the level of Minister/Secretary with Secretaries of the States/UTs.

Diversion of Tribal Development Funds

* 19. SHRIMATI JAYAPRADA NAHATA:
DR. ALLADI P. RAJKUMAR:

Will the Minister of TRIBAL AFFAIRS be pleased to state:

(a) whether it is a fact that funds for tribal development are being diverted by certain districts and States; and

(b) if so, the names of such districts and States and the steps taken to ensure proper utilization of the funds to end agony of the tribals for whom potable water and electricity are still a luxury?

THE MINISTER OF TRIBAL AFFAIRS (SHRI JUAL ORAM): (a) In the Report of the Comptroller and Auditor General of India for the year ended March, 1998, it has, *inter-alia,* been brought out that scrutiny of records in selected districts of Andhra Pradesh, Assam, Bihar, Himachal Pradesh,

Jammu & Kashmir, Madhya Pradesh, Manipur, Rajasthan, Sikkim, Tamil Nadu, Tripura, West Bengal and Daman & Diu revealed that funds aggregating Rs. 85.88 crores, which pertain to Special Central Assistance to Tribal Sub Plan were diverted to other schemes/activities. These observations are based on sample check of documents for the period 1992-98 of the Ministry and the implementing departments and agencies of 17 States and one U.T. The matter has been taken up with the State Govts, concerned.

(b) In order to ensure timely utilization of funds provided for the welfare and upliftment of Scheduled Tribes and minimize the scope for diversion of funds, the following measures have been taken:—

1. Utilization Certificates are insisted upon as a pre-requisite for further release of funds;

2. Periodic progress reports regarding the status of implementation of schemes are obtained;

3. Central Government Officers visit the States/UTs for ascertaining, on-the spot, the progress of implementation of schemes;

4. Meetings/conferences are convened at central level with State Secretaries of Tribal Welfare to ensure timely submission of proposals for the release of funds and to speed up implementation of schemes;

5. At the State level, the agencies like Tribal Advisory Council, Project Implementation Committees of ITDPs at Block levels and Panchayat Samities monitor timely spending of funds and effective implantation of schemes.

Withdrawal of Singapore Airlines from AI Disinvestment Process

* 20. SHRIK. RAHMAN KHAN: Will the Minister of DISINVESTMENT be pleased to state:

(a) the reasons for withdrawal of Singapore Airlines from the process of disinvestment of Air India; and

(b) the precautionary measures taken to prevent such withdrawal from the disinvestment process?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) Singapore Airlines Limited (SIA) have stated the following reasons for their withdrawal from the disinvestment process of Air India;

(i) Intensity of opposition to the privatisation of Air India from various quarters including certain sections of political groups, trade unions and the media;

(ii) Slowdown of the world economy affecting the international airline business; and

(iii) SIA's investments in Australasia demanding more attention and requiring commitment of substantial financial resources.

(b) Each of the disinvestment transactions is undertaken through a transparent process and the Agreements are finalised based on the comments/ concerns of the bidders. Thus, no precautionary measures are warranted in case any party/ parties withdraw for their internal reasons.

Financial Crisis in the North-Eastern States

1. DR. MANMOHAN SINGH.
SHRI W. ANGOU SINGH:

Will the Minister of DEVELOPMENT OF NORTH EASTERN REGION be pleased to state:

(a) whether Government are aware of the fact that the States of North-Eastern Region are now facing financial crisis and are not able to pay the employees' salaries even;

(b) if so, the different measures taken by Government to meet the present financial crisis in the North-Eastem States; and

(c) the existing financial position of each State of North-Eastem Region?

THE MINISTER OF DEVELOPMENT OF NORTH EASTERN REGION (SHRI ARUN SHOURIE): (a) to (c) Among the North Eastern States, the financial position of Assam and Manipur in particular is extremely difficult. The State Government of Assam and Manipur have been facing frequent was and means problems and their payments are suspended frequently by the RBI, in accordance with the Overdraft Regulation Scheme. Thr is mainly because of their inability to tap additional resources and reduce non-plan expenditure.

The financial management of States including the payment of salaries to their employees is primarily the responsibility of the concerned State Governments, who are expected to take the measures from time to time to

improve their financial status. However, the Union Government through a combination of feasible measures help the States to overcome their temporarily cash imbalances and overdraft with the RBI to the extent possible. Pursuant to the recommendations of the Eleventh Finance Commission, a scheme for the States Fiscal Reforms Facility has been drawn. Under this scheme, the States have been encouraged to prepare a monitorable Fiscal Reforms Programme aimed at improving their financial position in the medium term. Government of India have reached agreement with Nagaland and Arunachal Pradesh on such a Medium Term Fiscal Reforms Framework and are consequently in an advanced stage of discussion with these states for the finalization of a Memorandum of Understanding (MOU).

Integrated Development Plan formulated for NER

2. DR. ARUN KUMAR SARMA: Will the Minister of DEVELOPMENT OF NORTH EASTERN REGION be pleased to state.

(a) the details of integrated development plan formulated for North Eastern Region during the Ninth Plan;

(b) the amount allocated, utilized and achievements made, so far, year-wise;

(c) the details of investment proposed for development of tourism Infrastructure during the Ninth Plan in the NER; and

(d) the details of programmes being executed for manpower development in the tourism sector of the region, including training of tourist guides?

THE MINISTER OF DEVELOPMENT OF NORTH EASTERN REGION (SHRI ARUN SHOURIE): (a) No, sir. There is no such plan *i.e.* "integrated development plan" formulated for the North Eastern Region during the Ninth Plan.

(b) Does not arise.

(c) Agreed outlay for development of tourism including tourism infrastructure during the Ninth Plan in the NER is as follows:

NINTH PLAN (1997-2002) AGREED OUTLAY ON TOURISM-N.E. REGION

(Rs. In lakhs)

Sl.No.	State	Ninth Plan
1.	2.	3.
I.	Arunachal Pradesh	1904.00
2.	Assam	2300.00
3.	Manipur	900.00
4.	Meghalaya	1500.00
5.	Mizoram	362.00
6.	Nagaland	2400.00
7.	Tripura	576.50
8.	Sikkim	4000.00

(d) Schemes under implementation in various states of the North East for manpower development in the tourism sector include sponsoring of candidates for manager level training at the Institute of Hotel Management, training of tourist guides and training of officers and staff of the tourism departments of the states.

Assistance to North-Eastern Region for Electrification of villages

3. SHRI ANANTRAY DEVSHANKER DAVE: Will the Minister of DEVELOPMENT OF NORTH EASTERN REGION be pleased to state:

(a) whether Government through their agency, Rural Electrification Corporation (REC) have provided loan assistance to North-Eastem Region/ States for electrification of villages by installing energy meters;

(b) whether loan assistance provided under "Special Loan Portfolio-Capital SL (Meters) Scheme" has been misutilised and not disbursed to the SSI manufacturers of energy meters; and

(c) if so, the details thereof and the action taken against the officers responsible for misutilisation and misappropriation of Government funds?

THE MINISTER OF DEVELOPMENT OF NORTH EASTERN REGION (SHRI ARUN SHOURIE): (a) to (c) Rural Electrification Corporation (REC) provides loan assistance to the State Electricity Boards/State Power Utilities/ State Power Departments for various schemes including procurement and installation of meters. REC sanctioned loan assistance of Rs. 5.16 crore to the Government of Manipur, for procurement and installation of 73000 energy meters. Financial Assistance of Rs. 4.4 crore was released by REC upto 31.3.2001 on the basis of meters procured by the Government of Manipur. REC does not procure meters or any other equipment and, therefore, the release of funds to the suppliers by REC does not arise. The State Electricity Board/State Power Department who procure materials make payments to the suppliers as per terms of their contract.

Plan for Development of Roads in North Eastern Region

4. SHRI DRUPAD BORGOHAIN: Will the Minister of DEVELOPMENT OF NORTH EASTERN REGION be pleased to state:

(a) the details of action taken by Government to develop the Roads in the North-Eastern Region in connection with comprehensive economic development;

(b) whether the Dhodar Ali, a 17th century road, connects many towns of Assam as well as connects Chansglang andTriap Districts of Arunachal Pradesh and Mon and Mokakchung Districts of Nagaland through link roads; and

(c) whether Government would consider to propose to convert it into a National Highway as an infrastructure for development of vast areas of Assam, Arunachal Pradesh and Nagaland?

THE MINISTER OF DEVELOPMENT OF NORTH EASTERN REGION (SHRI ARUN SHOURIE): (a) Development of State roads is undertaken by the State governments. Where specifically requested or authorised by a State, central agencies like Border Roads Organisation take up development of state roads as well. Union Government supplements the efforts of State Governments. The Department of Road Transport and Highways, Government of India has prepared an Action Plan for development of 12 new National Highways and extension of existing National Highways covering a length of 1962 kilometers at an estimated cost of Rs. 1208.5 crores. Additionally 10 roads covering a total length of 662 kilometers have also been undertaken by North Eastern Council under the 9th Plan.

(b)Yes, Sir.

(c) There is no proposal under consideration at present to convert this road into National Highway.

Decision to Speed-up Disinvestment of PSUs

5. SHRI CM. IBRAHIM: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether, as indicated at the meeting of the Council on Trade and Industry held in New Delhi on September 7, 2001, Government have decided to hasten privatisation of specified PSU;

(b) if so, the details of these PSUs; and

(c) the steps since taken for privatisation thereof?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) to (c) In the meeting of the PM's Council of Trade and Industry held on 7th September, 2001, some members stressed the need for faster implementation of disinvestment in Public Sector Undertakings.

Government has identified 13 public sector enterprises, with tight time frame, to be disinvested this year. These are: Bharat Heavy Plates & Vessels Ltd. (BHPV), CMC Ltd., IBP Co. Ltd., Indian Petrochemicals Corporation Ltd. (IPCL), India Tourism Development Corporation (ITDC), Instrumentation Control Valves Ltd. (ICVL), j$_{es}$sop & Co. Ltd., Maruti Udyog Ltd., NEPA Ltd., HTL Ltd., Hindustan Zinc Ltd., Hotel Corporation of India Ltd. andVidesh Sanchar Nigam Ltd. (VSNL). Out of them, disinvestment transaction has already been completed in respect of HTL Limited and CMC Limited. Action has also been finalised in respect of certain hotels under ITDC & Hotel Corporation of India.

News-item “Separate law for disinvestment"

6. SHRI P. PRABHAKARREDDY: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether Government's attention has been drawn to the news item captioned "Separate Law" for disinvestment needed: expert, which appeared in the Hindustan Times, dated 10th September 2001;

(b) if so, Government's reaction thereto and whether Government share the perception of the experts with regard to the lackadaisical approach of Government to disinvestment process so far; and

(c) if answer to part (b) above be in the affirmative, the steps proposed to be taken to ensure a satisfactory fulfilment of the disinvestment programme?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE) (a) Yes, Sir.

(b) The approach of the Government in implementing the disinvestment programme is not lackadaisical. In accordance with the clearly articulated disinvestment policy, tight time-frame has been prepared for disinvestment in 13 public sector enterprises this year. Adherence to it is being regularly monitored. Out of the 13, HTL Limited and CMC Limited, have already been disinvested. Action has also been finalised in respect of certain hotels under ITDC & Hotel Corporation of India.

(c) Does not arise.

Financial bids for privatisation of PSUs

7. SHRI BHAGATRAM MANHAR:
SHRIRAJUPARMAR:

Will the Minister of DISINVESTMENT be pleased to state:

(a) whether Government have invited financial bids for privatising a number of Public Sector Undertakings (PSUs); and

(b) if so, the names of the PSUs and the procedure adopted to invite financial bids for these PSUs?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) and (b) Yes, Sir. Government invited financial bids for disinvestment in HTL Ltd., CMC Ltd., Hindustan Zinc Ltd. and for some propeities of the India Tourism Development Corporation and Hotel Corporation of India during the current year.

The procedure to invite financial bids includes, *inter-alia,* the following steps; seeking expression of interest from qualified bidders, data room visits and due diligence by Qualified Interested Parties and finalisation of the transaction documents (Share Holders'Agreement, Share Purchase Agreement etc.) based on which the financial bids are called.

Disinvestment of PSUs

8. SHRIBHAG ATRAM MANHAR:
SHRIRAJUPARMAR:

Will the Minister of DISINVESTMENT be pleased to state:

(a) whether Government have approved disinvestment of saveral Public Sector Undertakings (PSUs) recently; and

(b) if so, the names of the PSUs approved for disinvestment and by when the process of disinvestment will be completed?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) and (b)Yes, Sir. The Government has approved for disinvestment in Air India Ltd., Bharat Heavy Plates & Vessels Ltd. (BHPV), Engineering Projects India Ltd., Hindustan Cables Ltd., Hindustan Copper Ltd. (Phase I), Hindustan Organic Chemicals Ltd., Hindustan Salts Ltd., Hindustan Zinc Ltd., IBP Co. Ltd., India Petrochemicals Corporation Ltd., (IPCL), IndiaTourism Development Corporation (ITDC), Indian Airlines Ltd., Instrumentation Control Valves Ltd., (ICVL), Jessop & Co. Ltd., Madras Fertilizers Ltd., Maruti Udyog Ltd., NEPA Ltd., National Fertilizers Ltd., Pradeep Phosphates Ltd., Spong Iron India Ltd., State Trading Corporation, Mineral & Metals Trading Coprporation Ltd., Tungbhadra Steel Products Ltd., MECON Ltd., and Videsh Sanchar Nigam Ltd. (VSNL). Out of these, the disinvestment process in HTL Ltd., CMC Ltd., has been completed. The disinvestment process in ITDC (1st tranche) & Hotel Corporation of India Ltd., have also been partially completed. Other Companies slated for disinvestment during the year 2001-2002, include Bharat Heavy Plates & Vessels Ltd. (BHPV), IBP Co. Ltd., Indian Petrochemicals Corporation Ltd. (IPCL), India Tourism Development Croporation (ITDC), Instrumentation Control Valves Ltd. (ICVL), Hindustan Zinc Ltd., Jessop & Cop. Ltd., Maruti Udyog Ltd., NEPA Ltd. andVidesh Sanchar Nigam Ltd. (VSNL).

Setback to Al disinvestment

9. SHRI PREM CHAND GUPTA: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether it is a fact that the plan for the disinvestment of Al has suffered a setback due to Singapore Airlines pulling out of the bid due to their unhappiness over the political opposition to the disinvestment process of Air India;

(b) whether it is also a fact that while Tata & Sons are carrying out a re-evaluation of the situation in terms of financial vability, they wish to continue and are in search of a willing international partner; and

(c) if so, the latest position of the case?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) The Air India disinvestment did suffer a setback due to Singapore Airlines Limited (SIA) pulling out of the bidding process. The reasons stated by SIA for their withdrawal are:

i. Intensity of opposition to the privatisation of Air India from various quarters including certain sections of political groups, trade unions and the media;

ii. Slowdown of the world economy affecting the international airline business; and

iii. SOA's investments in Australasia demanding more attention and requiring commitment of substantial financial resources.

(b) and (c) Tata Sons Limited have inimated that in the light of SIA's decision to withdraw from the Tata-SIA consortium, they are assessing the new situation following which they will revert to the Government in the matter. So far, Government has not received any response from Tata Sons Limited.

Disinvestment process *vis-a-vis* global economy

10. SHRI PREMCHAND GUPTA: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether it is a fact that in the present situation, with the stock market indices hovering around a ten years low levels and the global economy on the brink of recession, the decision to push for disinvestment process is not economically sound; and

(b) if so, Government's views in this regard?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) No, Sir.

(b) In case of strategic sale of PSUs, the strategic partners are expected to take a long-term view of the company. The decisioon to disinvest is taken and the mode and timing of disinvestment finalised keeping all relevant considerations in mind.

Need for separate law for disinvestment

11. SHRI R.P. GOENKA: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether Government's attention has been drawn to a news-item captioned "Separate law for disinvestment needed," which appeared in the Hindustan Times, dated 10th September, 2001, highlighting, *inter alia,* reasons for limited success to Government's disinvestment progrrmmes;

(b) if so, the reaction thereto;

(c) whether it is proposed to establish some independent machinery to handle and speed up the disinvestment programme, as has been proved by the success models of some other countries who have embraced open economy; and

(d) if so, the details of the proposals being worked out, if any, with their present status?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE): (a)Yes, Sir.

(b) There is no lackadaisical approach on the part of the Government in implementing the disinvestment programme. In accordance with the clearly articulated disinvestment policy, tight time-frame has been prepared for disinvestment in 13 public sector enterprises this year, which are being regularly monitored. Out of them, HTL Limited and CMC Limited, have already been disinvested. Action has also been finalised in respect of certain hotels under ITDC & Hotel Corporation of India.

(c) No, Sir.

(d) Does not arise.

Review of disinvestment of AI

12. SHRI R.P. GOENKA: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether Government have reviewed the dwindling prospects of disinvestment of Air India in the wake of tough phase of low profitability for the aviation industry after the recent terrorist attacks in the USA on 1 lth September, 2001 and general erosion of value of the company due to delayed decision; and

(b) if so, the details of the new strategy worked out, if any?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE): (a) Disinvistment of Air India was delayed because of factors, which have been stated in Parliament. After the withdrawal of Singapore Airlines, the Tata Group has stated that they are reviewing the situation. Government will consider the subsequent course of action after it hears from them.

(b) Does not arise in view of reply to (a) above.

Achievement of disinvestment

13. PROF. A. LAKSHMISAGAR: Will the Minister of DISINVESTMENT be pleased to state:

(a) the assessment of achievement, so far, made by Government regarding their ambitious disinvestment target of Rs. 12,000 crore in Budget 2001-2002; and

(b) the reasons for unsatisfactory result, so far?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE): (a) and (b) No precise estimate of achievement can be made at this stage. Success of disinvestment and the amount realized depend on a variety of factors. However, to accelerate the place of disinvestment, a time-schedule has been approved by the Cabinet Committee on Disinvestment in respect of 13 public sector enterprises. Secretaries of the Administrative Ministries are to ensure that the time-schedule is adhered to. A progress report is submitted to the CCD at each meeting in regard to each of the 13 enterprises.

Monitoring of progress on disinvestment of PSUs

14. SHRI RUMANDLA RAMACHANDRAIAH: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether it is a fact that Government have decided to closely monitor on a monthly basis the progress made on disinvestment of 13 PSUs selected for the current financial year;

(b) if so, whether it is also a fact that the administrative Ministries under whose jurisdiction these PSUs fall would sort out issues adhering to the timeframe; and

(c) the improvement made, so far, in regard to these PSUs?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE): (a) Yes, Sir. The disinvestment process relates to 12 central public sector companies and Maruti Udyog Limited (MUL), which is a non-Government company;

(b) and (c) The process of disinvestment in Central PSUs is carried forward through Inter Ministerial consultations, particularly with the Administrative Ministries concerned with the public sector undertaking in question. The disinvestment process in two out of the 13 cases mentioned in (a) above, that is CMC Limited and HTL Limited, has been completed in October, 2001.

Disinvestment of profit making PSUs

†15. SHRI JANESHWAR MISHRA: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether it is a fact that Government are considering to hand over profit making Public Sector Undertakings to Private Sector;

(b) if so, the details thereof;

(c) whether it is also a fact that Government are turning a blind eye towards the interests of labourers employed in these undertakings;

(d) if so, whether Government have formulated / are considering to formulate any scheme to provide better living conditions to these labourers;

(e) if so, the details thereof; and

(0 if not, the reasons therefor?

THE MINISTER OF DISINVESTMENT (SHRI ARUN SHOURIE): (a) and (b) Disinvestment in PSUs in the non-strategic areas, whether profit-making or loss-making, is being pursued as per the clear disinvestment policy of the Government.

(c) No, Sir.

(d) and (e) Protection of interest of workers is an integral component of the disinvestment policy. This is ensured by making appropriate provisions in the Share Holders' Agreement. The provisions made in this regard in respect of BALCO are given in the Statement. *(See* below)

(f) Does not arise.

† Original notice of the question was received to Hindi.

Statement

Provisions related to Employees Interest in the Shareholders Agreement signed for disinvestment in BALCO

Recitals:

H. Subject to Clause 7.2, the Parties envision that all employees of the Company on the date hereof shall continue in the employment of the Company.

J. The SP recognises that the government in relation to its employment policies follows certain principles for the benefit of the members of the Scheduled Caste / Scheduled Tribes, physically handicapped persons and other socially disadvantages categories of the society. The SP shall use its best efforts to cause the Company to provide adequate job opportunities for such persons. Further, in the event of any reduction in the strength of the employees of the Company, the SP shall use its best efforts to ensure that the physically handicapped persons are retrenched at the end.

Article 5.3

(m) Notwithstanding anything to the contrary in this Article 5, the Government, shall at its sole discretion, have the option of selling from its shares representing not more that 5% (five percent) of the equity share capital existing as of date of this Agreement, to the employees of the Company. In the event that the Government exercises its option to sell part of its shares to the employees, the employees shall be issued fresh share certificates for the shares transferred to the employees, without the endorsement of the legend provided in Clause 5.2 (e). The Parties agree that, upon the completion of transfer, the shares transferred to the employees pursuant to this sub-clause (m) shall not be subject to any restrictions in this Agreement, whether by way of a voting arrangement or a right of first refusal.

Article 7.2

(e) Notwithstanding anything to the contrary in this Agreement, it shall not retrench any part of the labour force of the Company for a period of one (1) year from the Closing Date other than any dismissal or termination of employees of the Company from their employment in accordance with the applicable staff regulations and standing orders of the Company or applicable Law.

(f) Notwithstanding anything to the contrary in this Agreement, but

subject to sub-clause (e) above, any restructuring of the labour force of the Company shall be implemented in the manner recommended by the Board and in accordance with all applicable laws.

(g) Notwithstanding anything to the contrary in this Agreement, but subject to sub-clause (e) above, in the event of any reduction of the strength of the Company's employees the SP shall ensure that the Company offers its employees, an option to voluntarily retire on terms that are not, in any manner, less favourable than the voluntary retirement scheme offered by the Company which is referred to in Schedule 7.4 of the Share Purchase Agreement.

Achievement of targets of disinvestment

† 16. SHRI GANDHI AZAD: Will the Minister of DISINVESTMENT be pleased to state:

(a) the target of disinvestment earmarked for the year 1999-2000 and 2000-2001;

(b) the target achieved upto second quarter of the year 2000-2001 and the details thereof;

(c) if the target has not been achieved, the reasons therefor; and

(d) the steps taken by Government for achieving the target?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURTE): (a) and (b) The target of disinvestment for the years 1999-2000 and 2000-2001 was Rs. 10,000 crore each year. There was no disinvestment during the period April to September, 2000.

(c) and (d) Achievement of target depends on a variety of factors. However, to accelerate the pace of disinvestment, tight time-frame has been fixed in respect of 13 public sector enterprises, which is being regularly monitored.

Delinking of PSUs to be disinvested

17. SHRI NANA DESHMUKH: Will the Minister of DISINVESTMENT be pleased to state:

(a) whether it is a fact that 11 Public Sector Undertakings are to be disinvested in the current fiscal year;

† Original notice of the question was received to Hindi.

(b) if so, the names thereof;

(c) whether Government have since decided to park such PSUs with the Finance Ministry delinking them from the nodal Ministry and the departments; and

(d) if so, the reasons therefor?

THE MINISTER OF DISINVESTMENT (SHRIARUN SHOURIE). (a) and (b) The ongoing process of disinvestment in 10 public sector undertakings and the process of disinvestment of Government's equity in Maruti Udyog Limited (MUL) which is a non-Government company, is expected to be completed in the current fiscal namely, 2001-2002. The companies concerned are Bharat Heavy Plates and Vessels Limited (subsidiary of Bharat Yantra Nigam Limited); Hindustan Zinc Limited; Hotel Corporation of India Limited (subsidiary of Air India); IBP Co. Limited; Indian Petrochemicals Corporation Limited; India Tourism Development Corporation Limited; Instrumentation Controls & Valves Limited (subsidiary of Instrumentation Limited); Jessop & Company Limited (subsidiary of Bharat Bharti Udyog Nigam Limited); NEPA Limited; Videsh Sanchar Nigam Limited and Maruti Udyog Limited. The disinvestment through strategic sale in 2 other PSUs viz. CMC Limited and HTL Limited has been completed in October 2001.

(c) No, Sir.

(d) Does not arise.

Upgradation of CGHS Units of ISM&H

18. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the current guidelines / criteria for upgradation of CGHS Units of ISM&H have become outdated and need revision;

(b) whether any study, of SIU of Ministry of Finance has been done for the upgradation of the units of ISM&H;

(c) if so, the outcome of the work study; and

(d) if not, by when, the report of the SIU will be finalized?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (d) Though upgradation of ISM&H Units under CGHS are

made keeping in view the demand of beneficiaries based upon justification and availability of resources. The SIU of the Ministry of Finance was requested to conduct the norms study of the functioning of the ISM&H dispensaries under CGHS. Accordingly, the SIU has already undertaken the study of the ISM&H Units under CGHS but its report has not been received by the Govt, as yet.

Safe Injection Policy

19. SHRIRAMACHANDRA KHUNT1A: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state.

(a) whether Government have decided to undertake a study to document scientifically the existing injection practices in the country;

(b) if so, the time by which the outcome of the study is likely to be available; and

(c) the steps taken by Government to formulate and implement a meaningful Safe Injection Policy?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c)Yes, Sir. A study entitled Assessment of Injection Practices in India has been planned by Government. A Core-Group comprising Indian Council of Medical Research (ICMR), professional groups like Federation of Obstetrics and Gynecological Societies of India (FOGSI), Indian Academy of Paediatrics (IAP) and Indian Medical Association (IMA) as well as representatives from National AIDS Control Organization (NACO), Directorate of Health Services (DGHS) and experts has been constituted. The terms of reference for . the study have been finalized and endorsed by the Core-Group. The study is likely to commence shortly. The study will be completed over a period of 12 months after commencement. Results from the study would be utilized to evolve a safe injection policy.

Use of Restricted Medicines for Treatment of Cancer

20. SHRI SANTOSH BAGRODIA. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state.

(a) whether it is a fact that some cancer hospitals use restricted medicines for treatment of cancer in the country;

(b) if so, the details thereof;

(c) the action taken by Government against the culprits in this regard;

(d) whether Government have taken any concrete steps to check such incidents; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.R THAKUR): (a) No such instance has come to the notice of the Government.

(b) to (e) Do not arise.

Suicide cases due to Psychiatric Sufferings

† 2l. SHRI BACHANI LEKHRAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is consistent increase in the suicide cases due to psychiatric sufferings;

(b) if so, whether Government have taken any step to prevent the same;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.R THAKUR): (a) Yes Sir. As per a study done by the Indian Council of Medical Research, the suicide rates are higher in persons with mental illness as compared to general population, although, suicides are the end-result of a multiplicity of problems.

(b) to (d) The Government has already initiated a pilot programme for providing care for persons with mental disorders in selected districts in the country. The District Mental Health Programme is currently being implemented in 25 Districts covering 20 States and Union Territories. Its aim is to identify persons suffering from various mental disorders and epilepsy and manage them at the primary health care centre and district level by trained doctors and with the active support of the families and the community in which the patient lives.

In addition, treatment for mental disorders is available in a large number of territory hospitals in the Government and Private Sector.

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† Original notice of the question was received to Hindi.

New Code of Conduct for Medical Practitioners

† 22. SHRIBACHANI LEKHRAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are considering to frame a new code of conduct for medical practitioners;

(b) if so, the details thereof and by when, it is likely to be implemented; and

(c) if not, the reasons therefor and in what manner Government propose to improve the quality of medical treatment?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) Yes, Sir. Regulations on Professional Conduct, Etiquette and Ethics for medical practitioners are being finalised by the Central Government in consultation with other concerned Departments.

Anthrax cases in the Country

23. SHRI S.S. CHANDRAN:
SHRI KRISHNA KUMAR BIRLA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the Anthrax cases in several parts of the country; and

(b) if so, the number of persons affected by Anthrax reported in the country, State-wise;

(c) whether Government have chalked out any scheme to tackle spread of Anthrax cases in the country; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) and (b) Natural anthrax is endemic in some parts of the country.

† Original notice of the question was received to Hindi.

The data available with National Institute of Communicable Diseases (NICD) is given below:

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Kamataka	8	5	NU		4	2
Orissa	Nil	3	43		Nil	

(c) and (d) Government has initiated the following actions:

(i) A national workshop was conducted at the NICD in September, 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different States and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organized on 29th October by the Department of Health which was participated by the Secretaries of Home & Health, Director of Health Services from various States/Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

Anthrax Exposures

24. DR. ALLADI P. RAJKUMAR:

SHRIYADLAPATIVENKAT RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the action taken in India to fight Anthrax exposures reported internationally;

(b) whether drugs are stock piled in abundance; and

(c) the instructions given to the postal authorities and to the public in general for being alert over bio-terrorism?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) Government has initiated the following actions;

(i) A national workshop was conducted at the NICD in September, 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bioterrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different States and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organized on 29th October by the Department of Health which was participated by the Secretaries of Home & Health, Director of Health Services from various States/Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

(b) Department of Health convened a meeting on Chemical and bio-terrorism on 29th October, 2001 in New Delhi which was participated by the Secretaries of Home & Health. The State representatives informed that they have enough stock of medicines to face any eventuality.

(c) To avoid spread of panic and handing of any suspicious envelops/ package guidelines have been issued.

Dengue and Malria cases in Delhi

25. SHRI BHAGATRAM MANHAR:
SHRI RAJU PARMAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a large number of dengue cases have been reported in Delhi on account of breeding aedes mosquitoes spreading dengue and malaria;

(b) if so, the number of cases detected in Delhi during the last six months; and

(c) the action taken by Government to control this dreaded disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) and (b) No, Sir, 84 cases of Dengue, transmitted by aedes mosquitoes, with one death amongst the residents of Delhi have been reported during the last 6 months (from May till 10th November, 2001) as against 93 cases with one death reported during the corresponding period of last year. This does not include the figures of Dengue cases belonging to other States and treated in Delhi hospitals.

(c) Action taken for control of Dengue include:—

- Dengue/Dengue Hemorrhagic Fever (DHF) has^een made notifiable disease in Delhi.
- Disease and vector surveillance.
- Vector control mainly through source reduction.
- Early diagnosis and case management in hospitals.
- Information, Education and Communication for community awareness.
- Early response to epidemics.
- Regular monitoring and review of Dengue situation by the concerned authorities.

Deployment of domestic breeding checkers for vector surveillance, source reduction and community education.

Enactment of legislative measures by MCD providing imposition of fine for abetting mosquitogenic conditions.

Development and issue of guidelines to States for prevention and control of Dengue/DHF and containment of outbreaks.

A Control Room has been established at the Directorate of National Anti Malaria Programme, Delhi for closely monitoring the Dengue situation and providing technical guidelines to the States reporting incidence of Dengue.

Amount utilised for Family Welfare Programme

26. SHRI K. RAMA MOHANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the amount his Ministry has been utilizing for the family welfare programmes for the last eight years;

(b) the amount that has been allocated for contraception for the last eight years; and

(c) the rate of couple protection in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) and (b) The amount allocated for the Department of Family Welfare and for Contraception for the last ten years (Eighth Plan & Ninth Plan) is as under:

Year	Allocation (BE) (Rs. In Crore)	
	Department	Contraception
1992-93	1000.00	68.50
1993-94	1270.00	125.00
1994-95	1430.00	145.00
1995-96	1581.00	149.00
1996-97	1535.00	143.00

	Department	Contraception
1997-98	1829.35	165.70
1998-99	2489.35	172.50
1999-2000	2920.00	267.50
2000-01	3520.00	251.00
2001-02	4210.00	268.50

(c) The Couple Protection Rate (CPR) has increased from 40.6 in 1992-93 to 48.2 in 1998-99 as per National Family Health Surveys (NFHS)

Anthrax cases reported from Kamataka

27. SHRI K. C. KONDAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of Anthrax infection cases reported in the country, so far,

(b) the number of cases reported from Kamataka;

(c) the amount, if any, released to Kamataka as special grants to tackle Anthrax cases; and

(d) the steps taken to ensure Anthrax is not spread to other places in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) and (b) Natural anthrax is endemic in some parts of the country. The data available with National Institute of communicable Diseases (NICD) is given below:

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Kanataka	8 NU	5	NU		4	2
Orissa			43	3	Nil	

(c) No, Sir.

(d) Government has initiated the following actions:

(i) A national workshop was conducted at the NICD in September 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different States and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all die Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organized on 29th October by the Department of Health which was participated by the Secretaries of Home & Health, Director of Health Services from various States/Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

Introduction of Genes from one Organism to Another

28. SHRI C. O. POULOSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the vectors used for introducing genes from one organism to another to make a Genetically Modified Organisms (GMOs) are highly infectious and virulent biological agents;

(b) if so, whether the risks of the use of virulent vectors for engineering novel life form have been assessed; and

(c) if not, how is it possible to create a bio-safety network since their use for bio-terrorism becomes easier as they spread commercially around the world?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) to (c) Genes can be moved from one species to another unrelated species by using the techniques of genetic engineering. A vector made up of a host compatible promoter, a gene of interest and a terminator sequence can be used to insert the transgene into the host by several established transformation techniques. Once a transformed host is made and the transgene is in the right orientation within the chromosome of the host organism, it will express. If the products of the transgene are not toxic to the host, the host would survive. If the products are toxic to unrelated organisms, the transformed host can dangerous as it would multiply under favourable conditions and in the process would produce large quantities of toxins. Therefore, a case by case analysis is required before any genetically modified organism is introducd into the environment. A vector is not necessarily virulent or infectious.

Genetic transformation can take place in nature but the probability of such transformation is extremely low. Moreover, the transformed host has to survive under natural conditions, which is usually found to be extremely difficult.

Indian System of regulation is transparent in dealing with genetically modified organisms. All experiments are to pass through a three tier regulatory process where there is vigilance from the Government at each stage to keep a watch on what is being developed or used locally. The three tier system comprise creation of an Institutional Bio-Safety Committee at the Institute/ Company where research work is carried out or where transgenic materials are developed: the Review Committee on Genetic Manipulation is a Central Committee housed at the Department of Biotechnology, while the Genetic Engineering Approval Committee which is the Statutory Body to deal with all aspects of genetically modified organisms and products thereof is in the Ministry of Environment & Forests. Wherever materials do not enter through the three tier system, the Environment (Protection) Act 1986 can act heavily on the offender as such acts are considered to be criminal in nature and they attract punitive actions.

Bio-Warfare

29. SHRI CO. POULOSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that bio-warfare or bio-terrorism is the deliberate use of living organisms to kill people;

(b) if so, whether Government are also aware that economic policies based on trade liberalization and globalisation deliberately spread fatal and infectious diseases such as AIDS, TB and Malaria and by dismantling health and medical systems, they too become instruments of bio-terror; and

(c) the reaction of Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a)Yes, Sir.

(b) Economic liberalization and globalisation is designed to enhance the inflow of scarce resource and provide an impetus to development through growth of domestic markets, opening of international market, access to new technology and improvement in production methods. All imported eatables are subjected to examinations in designated food laboratories as per the PFA Rules. On receipt of satisfactory report they are released by the Customs authorities for consumption.

(c) Question does not arise.

Impact of GMOs

30. SHRI CO. POULOSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that since the Genetically Modified Organisms (GMOs) have not existed in nature, their impact on the environment and on human health;

(b) whether Government are also aware that ignorance of the impact is being treated as proof of safety, which is totally unscientific approach; and

(c) if so, the reaction of Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. CP. THAKUR): (a) to (c) Genetic transformation can take place in nature but the probability of such transformation is extremely low. Moreover, the transformed host has to survive under natural conditions. It is usually extremely difficult for a transformed host to survive because it requires the most favourable condition

so that not only the transformed organism will express the transgene that it might have acquired but it would also have to keep intact its normal activities of survival machinery that has evolved over a very long period.

Indian system of regulation is transparent in dealing with genetically modified organisms. All experiments are to pass through a three tier regulatory process where there is vigilance from the Government at each stage to keep a watch on what is being developed or used locally. The three tier system comprise creation of an Institutional Biosafety Committee at the Institute/Company where research work is carried out or where transgenic materials are developed; the Review Committee on Genetic Manipulation is a Central Committee housed at the Department of Biotechnology; while the Genetic Engineering Approval Committee which is the Statutory Body to deal with all aspects of genetically modified organisms and products thereof is in the Ministry of Environment & Forests. Wherever materials do not enter through the three tier system, the Environment (Protection) Act 1986 can act heavily on the offender as such acts are considered to be criminal in nature and they attract punitive actions.

Prevalence of AIDS/HIV

31.SHRI K.RAMA MOHANA RAO:
SHRI RAMA MUNI REDDY SIRIGIREDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recently released report of U.N. puts India, besides Africa in the prevalence of AIDS/HIV;

(b) if so, the reasons therefor;

(c) the total number of people living in the country with HIV-AIDS, State-wise;

(d) the budget that Government have allocated for this deadly disease during the current year; and

(e) the programmes undertaken by the NACO for AIDS/HIV, patients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c)Yes, Sir.

As per the analysis of HIV Sentinel Surveillance data 2000, it is estimated

that there are 3.86 million HTV infections in the country and this number is next to South Africa. Where it is estimated to be 4 million HIV infections. However, the overall prevalence rate of HIV infection in India is much lower than South Africa and other neighbouring countries but due to large sized population the total number of infections is high. The state wise distribution of cummulaitive number of AIDS cases as on 31.10.2001 is given in the Statement *(See* below).

(d) Government has allocated Rs. 210 Crores for prevention and control of HTV/AIDS during the current financial year (2001-2002).

(e) In order to prevent and control HTV/AIDS, a comprehensive Programme is currently under implementation throughout the country as a centrally sponsored scheme.

The main components consist of:—

Reducing the spread of HIV in groups, at high risk by identification of target populations and providing peer counseling, condom promotion, and treatment of sexually transmitted infections.

Preventive intervention for the general population by Information, Education and Communication *QEC)* and awareness campaign, provision of voluntary testing and counseling safe blood transfusion services and prevention of occupational exposure.

Providing financial assistance for opportunistic infections, home and Community based care.

Strengthening effectiveness and technical, managerial, financial sustainability of the programme at National, State and Municipal levels.

Promoting collaboration amongst public, private and voluntary sectors.

Statement

National AIDS Control Programme, India AIDS cases in India (Reported to NACO)

(As on 31st October, 2001)

SI. No.	State/UT	AIDS Cases
1	2	3
1.	Andhra Pradesh	1107
2.	Assam Arunachal	125
3.	Pradesh	0

1	2	3
4.	A&N Islands	15
5.	Bihar	82
6.	Chandigarh(UT)	407
7.	Delhi	624
8.	Daman & Diu	1
9.	Dadra & Nagar Haveli	0
10.	Goa	56
11.	Gujarat	1156
12.	Haryana	189
13.	Himachal Pradesh	91
14.	Jammu & Kashmir	2
15.	Karnataka	1174
16.	Kerala	267
17.	Lakshadweep	0
18.	Madhya Pradesh	749
19.	Maharashtra	6168
20.	Orissa	82
21.	Nagaland	199
22.	Manipur	1010
23.	Mizoram	20
24.	Meghalaya	8
25.	Pondicherry	141
26.	Punjab	135
27.	Rajas than	348
28.	Sikkim	4

1	2	3
29.	Tamilnadu	13553
30.	Tripura	0
31.	Uttar Pradesh	389
32.	West Bengal	725
33.	A, bad Mun. Corp.	180
		29007

Transfer/Posting of Doctors in CGHS Depots of ISM&H in Delhi

32. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for the transfer/posting of some doctors twice in the CGHS store depots of ISM&H in Delhi;

(b) whether these doctors have been given any special training to work in the store depots;

(c) whether there are no doctors capable to look after the store depots of ISM&H at present with the result, the doctors who have already completed their one normal tenure of stay are posted twice to work there to fulfil their vested interests; and

(d) by when Government will do justice to the doctors?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The transfer/posting of doctors in CGHS Store Depot of ISM&H system are normally done in accordance with the existing transfer policy keeping in view exigencies of service in public interest. No doctor of Ayurvedic and Unani System has been posted twice in their respective stores. However Dr. Man Singh, CMO has been posted twice in the CGHS, Homoeopathic Store considering his suitability and experience in the Store.

(c) and (d) Though there is no special training given to the doctors before posting them to the Store Depot, but their seniority, experience, suitability, etc., is considered before posting them to the store. However, as doctors are

reluctant to get posted in the Store Depot, the present incumbent in the CGHS Homeopathic Store Depot has been posted twice keeping in view administrative exigencies.

Danger from Bio-Chemical Warfare

33. DR. MANMOHAN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) his assessment of the danger that India faces from bio-chemical warfare that may be unleashed by terrorist groups; and

(b) the steps taken to deal with this threat?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) The threat of bio-chemical warfare cannot be discussed.

(b) Government has initiated the following actions.

(i) A national workshop was conducted at the NICD in September 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated on October, 2001 to all the concerned health authorities in different States and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organized on 29th October by the Department of Health which was participated by the Secretaries of Home & Health, Director of Health Services from various States/Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

New Medical College for undergraduate Course at Safdarjung Hospital

34. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a new Medical College for undergraduate course will be opened at the Safdarjung Hospital;

(b) if so, by when it will start admission of students and how they will be selected; and

(c) the names of Medical colleges which have central quota in admission for undergraduate courses?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Yes, Sir.

(b) Necessary formalities to start admission to the college are being completed.

(c) The information is being collected and will be laid on the table of die House.

Centrally sponsored Health Schemes

35. SHRI NILOTPAL BASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) die salient features of me Centrally-sponsored schemes — National Family Welfare Programme, National Malaria Eradication Programme, National Leprosy Eradication Programme, National TB Control Programme, National Programme of Prevention of Blindness, National AIDS Control Programme and Drug Inspectorate in various States/UTs;

(b) die criteria for allocating funds under each scheme to die States and corresponding Central share;

(c) whetiier diis fund is given to die States as 100 per cent grant or does it follow die usual 70/30 (loan/grant) formula for plan assistance; and

(d) die details of proposals received, funds released and utilization for the last three years, State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) A statement showing salient features of different centrally sponsored schemes is at Statement-I *{See* below),

(b) and (c) Criteria for allocating funds under different schemes is at Statement- II *(See* below).

(d) Statement showing State-wise funds released and utilised during the last 3 years are at Statement-Ill.

Statement-I

Salient features of Centrally Sponsored Health Scheme

1. National Family Welfare Programmes: The programme is fully voluntary and the effort is to provide services on one hand and to encourage the citizens by information, education and communication on the other hand. Reproductive Child Health, supply of contraceptives, compensation for sterlisation and IUD insertion, salary contingency, rent etc. of infrastructure set-up, area specific projects, research institutes and maintenance of transport are different compo- nents of the programme.

2. National Anti-Malaria Programme: The strategy for malaria control includes early case detection and prompt treatment, selective vector control, promotion of personal protection methods, containment of epidemics and IEC towards personal protection and community participation.

3. National Leprosy Eradication Programme: The programme is implemented through district leprosy societies. Funds and anti-leprosy drugs are provided to all the district leprosy societies for providing MDT service free of cost to all the needy patients.

4. National T.B. Control Programme: To detect as many T.B. cases as possible and to effectively treat them so as to make the infectious cases non-infectious. Another feature of the programme is to integrate the programme with primary health care infrastructure. 435 million population of the country is presently covered under the programme.

5. National Blindness Control Programme: Development of eye care infrastructure, training of personnel, assistance to NGOs, free cataract surgery, assistance to eye banks and school eye screening programme are the various activities of this programme.

6. National AIDS Control Programme: Reducing the spread of HIV among high risk groups, preventive intervention for the general population through IEC and awareness campaigns, provision of voluntary testing facilities, safe blood transfusion services and promoting collaboration amongst public, private and voluntary sector are the major components of this programme.

7. Drug Inspectorate Staff in States/UTs: Under this scheme 50 percent of the salary of the additional staff required was to be borne by States/UTs with the balance 50% of the requirement to be borne by the Centre. As many States/UTs did not agree to these conditions the centrally sponsored scheme could not take off.

Statement-II

Funding pattern of Centrally Sponsored Health Schemes

1. National Family Welfare Programme: This is a 100% Centrally Sponsored programme. Funds are released to State Governments for meeting out the liability of infrastructure set-up across the country based on the number of centres sanctioned and established for each State upto 1980. This includes the salary alongwith rent for building, contingency, stipend and fuel. Norms have been fixed for giving grants-in-aid for all items other than salary.

2. National Anti-Malaria Programme: Expenditure is shared on 50:50 basis between the States and Central Government. However, in respect of North Eastern States 100% central assistance is being provided w.e.f. 1.12.1994. Enhanced Malaria Control Programme is also under implementation with World Bank Assistance in 100 districts of 8 States and 19 identified urban areas where assistance is provided in terms of insecticides, drugs, rapid diagnostics, bednets, etc. besides cash grants to district malaria control societies for operational expenses.

3. National Leprosy Eradication Programme: Funds are provided as 100% grant to States/UTs according to physical targets set up by the States and endemicity of the disease.

4. National T.B. Control Programme: 100% requirements of Anti-T.B. drugs is met by the Centre w.e.f. April, 1997. Anti-T.B. Drugs for all T.B. cases in RNTCP areas and for sputum positive cases in non RNTCP areas are supplied by centre to the districts as commodity grant. For procurement of anti-TB.

drugs for sputum negative cases in non RNTCP areas, cash assistance as grant-in-aid is released to the State Governments. In RNTCP areas, funds are released to districtT.B. control societies for implementation of revised strategy on 100% central support basis.

5. National Blindness Control Programme: Funds are released to the States on the basis of physical targets and utilisation of funds allocated.

6. National AIDS Control Programme: Funds are allocated to the State AIDS Control Societies based on the action plans submitted by them.

Statement-III

(A) NATIONAL FAMILY WELFARE PROGRAMME GRANTS-IN-AID RELEASED

(Rs. in lakhs)

SI. No.	Name of States/UTs	1998-99 Grand Total (Cash+ Kind)	1999-2000 Grand Total (Cash+ Kind)	2000-01 Grand Total (Cash+ Kind)
1	2	3	4	5
1.	Andhra Pradesh	14614.20	19632.70	20822.95
2	Arunachal Pradesh	219.81	334.55	386.90
3.	Assam	4437.80	8492.91	8284.04
4.	Bihar	12817.90	3330428	19045.43
5.	Goa	243.77	325.94	39529
6.	Gujarat	12611.98	17213.08	10536.40
7.	Haryana	3652.67	4407.75	5298.90
8.	Himachal Pradesh	2373.54	2407.34	3248.97
9.	Jammu & Kashmir	2056.50	2261.85	2453.41
10.	Karnataka	9792.97	19086.05	15642.51
11.	Kerala	5503.94	6864.11	7054.02
12.	Madhya Pradesh	13153.54	16361.97	16297.93
13.	Maharashtra	15036.24	15896.09	18181.33
14.	Manipur	731.06	1055.35	1097.81
15.	Meghalaya	469.53	750.71	781.72
16.	Mizoram	307.88	444.27	526.45

1	2	3	4	5
17.	Nagaland	338.27	500.51	547.85
18.	Orissa	6484.62	7819.21	8373.12
19.	Punjab	3684.16	4188.09	4407.39
20.	Rajasthan	11180.84	17545.57	18545.60
21.	Sikkim	349.40	485.06	692.28
22.	Tamil Nadu	11779.69	23103.19	22904.93
23.	Tripura	1975.59	1000.48	1894.79
24.	Uttar Pradesh	51256.08	36652.35	34007.75
25.	West Bengal	14295.80	*11* 948.24	13953.89
26.	Pondicherry	192.40	186.32	473.59
27.	Delhi	1485.94	2791.07	1834.05
28.	A &N Islands	123.60	186.79	230.61
29.	Dadra & Nagar Haveli	69.29	77.98	76.85
30.	Chandigarh	189.05	235.74	251.71
31.	Lakshadweep	35.06	37.97	46.70
32.	Daman & Diu	52.05	82.07	95.54
	TOTAL:	201515.17	255679.59	238390.71

(B) ASSISTANCE PROVIDED TO STATES/UTS UNDER NATIONAL ANTI MALARIA PROGRAMME

(Rs. in lakhs)

SI. NO	Name of the States/UTs	1998-99	1999-2000	2001-01
1	2	3	4	5
1.	Andhra Pradesh	482.93	1388.55	2523.34
2.	Arunachal Pradesh	186.61	229.22	293.79
3.	Assam	2170.42	2616.74	2657.86
4.	Bihar	403.05	659.67	238.82

1	2	3	4	5
5.	Goa	7.72	4.54	0.98
6.	Gujarat	611.11	1324.92	1480.92
7.	Haryana	260.39	160.95	78.35
8.	Himachal Pradesh	51.47	92.45	89.06
9.	Jammu & Kashmir	72.57	103.39	84.28
10.	Kamataka	264.47	229.29	233.36
11.	Kerala	102.73	58.33	75.92
12.	Madhya Pradesh	454.49	1562.47	2154.36
13.	Maharashtra	260.26	2132.89	1478.39
14.	Manipur	377.34	219.53	235.72
15.	Meghalaya	231.55	212.27	303.58
16.	Mizoram	172.53	190.05	235.26
17.	Nagaland	183.34	308.33	278.91
18.	Orissa	385.14	894.67	1440.89
19.	Punjab	290.67	148.45	148.31
20.	Rajasthan	1994.15	1174.46	468.09
21.	Sikkim	8.47	7.90	0.12
22.	Tamil Nadu	240.72	122.24	148.51
23	Tripura	356.97	379.31	480.94
24.	Uttar Pradesh	1121.92	547.13	544.11
25.	West Bengal	330.90	501.99	454.44
26.	Chattisgarh			271.65
27.	Jharkhand			90.00
28.	Uttaranchal			
29.	Pondicherry	6.15	11.20	13.56
30.	Delhi	37.21	20.10	100.45
31	A &N Islands	26.68	111.28	231.75
32.	Dadra & Nagar Haveli	11.24	34.85	18.12
33.	Chandigarh	23.92	34.35	44.81

1	2	3	4	5
34.	Lakshadweep	1.33	5.82	5.57
35.	Daman & Diu	2.38	12.97	9.90
	TOTAL	11130.83	15500.31	16914.12

(C) NATIONAL/TUBERCULOSIS CONTROL PROGRAMME

ALLOCATION EXPENDITURE 1998-99,1999-2000, 2000-2001

Sl. No.	Name of the States/UTs	1998-1999 Allocation**	1998-1999 Exp. ,	1999-2000 Allocation*	1999-2000 Exp.	2000-2001 Allocation*	2000-2001 Exp.
1	2	3	4	5	6	7	8
1	Andhra Pradesh	783.93	521.06	482.76	350.742	448.58	514.11
2,	Arunachal Pradesh	9.11	1.66	2.54	18.367	95.47	39.439
3.	Assam	232.66	91.55	114.13	196.147	298.62	159.82
4.	Bihar	1117.46	357.63	1054.73	589.928	1029.88	396.14
5.	Goa	11.90	2.07	3.17	2.870	12.91	13.143
6.	Gujarat	440.81	184.30	1203.88	252.680	880.39	458.38
7.	Haryana	205.25	63.69	79.13	118.200	236.72	91.54
8.	Himachal Pradesh	50.73	39.47	133.64	52.581	116.52	102.07
9.	Jammu & Kashmir	99.49	26.65	37.30	63.115	80.80	54.12
10.	Karnataka	501.00	214.00	701.35	315.010	671.49	343.76
11.	Kerala	245.82	165.04	885.69	95.706	607.93	320.78
12.	Madhya Pradesh	809.85	222.54	418.17	578.107	765.85	192.54
13.	Maharashtra	855.27	361.94	852.84	857.426	1275.43	837.27
14.	Manipur	12.24	8.67	31.66	16.381	30.09	33.70
15.	Meghalaya	23.56	5.91	8.60	15.452	19.74	9.69
16.	Mizoram	9.39	2.31	3.48	5.153	7.58	6.59
17.	Nagaland	11.69	1.81	2.77	15.789	13.84	13.82
18.	Orissa	352.13	215.52	325.38	262.240	455.89	865.79
19.	Punjab	247.70	96.11	95.98	64.221	229.44	46.75

1	2	3	4	5	6	7	8
20.	Rajasthan	519.70	158.91	397.40	435.753	988.05	357.9
21.	Sikkim	5.30	1.51	1.90	8.135	4.43	3.59
22.	Tamilnadu	635.40	258.94	660.48	273.160	1133.92	268.89
23.	Tripura	36.63	8.75	13.36	21.190	30.25	24.19
24.	Uttar Pradesh	1669.93	660.42	897.57	1130.631	1695.07	449.06
25.	West Bengal	702.36	381.33	2083.18	386.941	1143.30	687.85
26.	Delhi	70.02	2.77	0.00	100.000	195.04	255.78
27.	Pondicherry	9.10	1.82	2.78	2.610	15.60	3.35
28.	Andman & Nicobar	3.60	0.82	1.25	1.170	2.58	0.99
29.	Chandigarh	9.09	2.27	3.47	3.520	7.38	1.64
30.	D & N Haveli	1.84	0.44	0.67	0.630	0.07	0.70
31.	Daman & Diu	1.35	0.32	0.49	0.450	1.48	0.56
32.	Lakshadweep	0.67	0.16	0.25	0.230	5.53	2.11
33.	Jharkhand	0.00					18.00
34.	Uttranchal	0.00					10.00
35.	Chattisgarh	0.00					19.00
	TOTAL	9685.00	4060.39	10500.00	6234.537	12499.87	6603.06
(i)	Assistance to Voluntary Organisation	0.00			0.000		
(ii)	X-ray Rolls	81.00	82.00	Allocation	0.000		
(iii)	Commodity Grant	0.00		reduce to 95 crore at RE stage			
(iv)	TB Cell at Head Quarter	100.00	109.10		100.000	0	250
(v)	Grant-in-aid to TB Societies	2600.00	2600.00		24000.000	0	4001
(vi)	Payment to HSCC	34.00					
	Grant Total	12500.00	6887.04	10500.00	8757.54	12499.87	10854.06

*Includes Commodity Grant and grants in aid to TB Societies

**Includes Commodity Grants

Reduce to Rs. 11000.00 lacs at the stage of RE 2000-01.

(D) FUNDS RELEASED & EXPENDITURE INCURRED UNDER NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

State	Release	Exp.	Release	Exp.	Release	Exp.
	1998-99		1999-2000		2000-2001	
World Bank Project States						
1	2	3	4	5	6	7
Andhra Pradesh	533.50	423.49	434.40	397.56	569	1124.554
Madhya Pradesh	976.67	654.32	740.81	1123.93	600	1702.363
Maharashtra	449.25	738.12	664.88	1203.83	725	1716.494
Orissa	551.08	353.46	420.25	636.27	900	2366.888
Rajasthan	324.50	560.51	314.18	340.82	962	1485.803
Tamil Nadu	866.85	1050.43	1,009.82	600.48	511	1982.826
Uttar Pradesh	806.75	593.81	789.32	879.44	826.5	1867.372
SUB-TOIAL	4,508.60	4,374.14	4,373.66	5,182.33	5,093.50	12,246.30
Other States						
Arunachal Pradesh	9.50	5.64	18.00	6.93	32.5	9.85
Assam	107.15	43.69	86.75	79.36	170.4	48.55
Bihar	204.00	171.42	165.00	185.18	317	188.39
Delhi	24.70	6.89	42.52	24.71	25	33.58
Goa	63.15	21.04	14.50	9.50	38.35	25.32
Gujarat	154.14	125.76	396.52	211.10	313.15	451.67
Haryana	101.00	73.32	170.27	55.90	175.5	49.95
Himachal Pradesh	83.53	38.59	86 25	59.32	140.5	96.49
Jammu & Kashmir	92.00	14.31	40.75	11.84	128	22.46
Karnataka	258.01	201.44	352.20	223.27	299.2	253.38
Kerala	91.57	105.83	222.59	194.87	210	423.6
Manipur	25.91	10.30	7.00	7.79	47.75	33.99
Meghalaya	26.83	19.81	24.00	23.01	54.25	22.04

1	2	3	4	5	6	7
Mizoram	25.75	19.05	29.50	22.81	43.55	61.01
Nagaland	64.10	12.99	14.00	2.80	45.75	24.03
Punjab	56.60	34.22	199.61	57.86	112.1	33.41
Sikkim	38.30	4.82	18.25	6.35	35.6	27.65
Tripura	50.89	34.77	35.39	34.21	67.95	83.19
West Bengal	141.70	125.66	204.10	144.16	270.5	141.17
A & N Islands	7.80	3.71	10.67	0.50	7.75	2.69
Chandigarh	10.60	6.45	11.24	9.01	12	7.28
D & N Haveli	6.70	0.91	2.50	0.70	6.75	3.03
Daman & Diu	7.70	0.87	9.40	7.38	7.75	14.64
Lakshadweep	17.70	0.18	5.72	0.00	3.75	5.08
Pondicherry	5.30	0.55	20.82	14.39	10.09	15.89
Sub-Total	1,674.63	1,082.22	2.187.55	1,392.95	2,575.14	2,088.34

(E) STATE-WISE ALLOCATION & EXPENDITURE UNDER NATIONAL LEPROSY ERADICATION PROGRAMME DURING LAST 3YEARS

(Rs. In lakhs)

s. N	States	1998-99		1999-2000		2000 -2001	
		Alloc	Expend.	Alloc.	Expend.	Alloc.	Expend.
1.	Andhra Pradesh	322.50	322.50	442.21	402.41	508.75	508.75
2	Arunachal Pradesh	168.26	132.77	60.36	60.36	136.00	44.18
3.	Assam	299.00	287.96	235.93	230.11	112.00	112 00
4.	Bihar	1004.45	1004.45	1322.77	1322.77	869.80	92.70
5.	Goa	10.48	2.42	1.51	1.51	1.50	—
6.	Gujarat	247.16	247.16	230.37	230.37	230.00	—
7	Haryana	25.08	25.08	43.24	41.75	23.00	—
8.	Himachal Pradesh	108.03	97.48	54.53	54.53	61.00	—
9.	Jammu & Kashmir	150.89	105.40	63.61	56.07	87.00	—
10.	Karnataka	348.48	348.48	247.98	172.99	302.75	33.70
11.	Kerala	232.00	232.00	147.30	139.50	237.00	—
12.	Madhya Pradesh	765.83	756.83	794.35	677.96	645.36	645.36

1	2	3	4	5	6	7	8
13.	Maharashtra	525.56	411.33	391.04	378.60	398.60	—
14.	Manipur	132.91	132.91	95.71	95.71	125.00	—
15.	Meghalaya	78.81	65.43	45.26	45.26	47.00	—
16.	Mizoram	75.77	75.77	51.22	19.26	61.00	61.00
17.	Nagaland	52.20	52.20	10609	78.53	109.00	109.00
18.	Orissa	569.94	569.94	58109	401.5.9	628.00	—
19.	Punjab	134.96	121.28	100.39	100.39	36.00	36.00
20.	Rajasthan	508.51	285.37	148.37	116.88	105.00	55.99
21.	Sikkim	65.00	65.00	71.36	22.82	41.71	—
22.	Tamil Nadu	349.13	349.43	385.79	269.42	422.74	—
23.	Tripura	75.85	40.91	47.18	18.23	34.00	—
24.	Uttar Pradesh	914 36	914.36	1417.10	1175.10	1093.51	—
25.	West Bengal	452.85	452.85	841.53	841.53	784.00	—
26.	A & N Islands	6 50	6.50	5.63	5.63	1 00	1.00
27.	Chandigarh	6.00	6.00	13.29	13.29	3.50	3.50
28.	D & N Haveli	1 00	1.00	1.17	1.17	8.79	8.79
29.	Daman & Diu	9.50	9.50	9.50	9.50	14.50	14.50
30.	Delhi	53.15	53.15	14.38	14.38	41.50	41.50
31.	Lakshadweep	11.53	11.53	1.36	1.36	3.00	3.00
32.	Pondicherry	2.00	2.00	2.00	2.00	7.00	7.0
	Total	7698.99	7188.99	7973.62	7000.98	7179.01	1777.97

ASSISTANCE PROVIDED TO STATES/UTs UNDERNATIONAL AIDS CONTROL PROGRAMME
(Rs. in Lakhs)

S. No	Name of States	1998-99		1999-2000		2000-2001	
		Relea-sed	Expdr.	Relea-sed	Expdr.	Released	Expdr.
1	2	3		4		5	
1.	Andhra Pradesh	650.00	843.51	1219.67	1003.93	824.50	823.95
2.	Arunachal Pradesh	30.00	4.78	159.00	103.07	111.00	140.83
3.	Assam	100.00	155.60	322.00	314.78	375.00	346.271

1	2			3	4	5	
4.	Bihar	110.00	60.37	55.00	124.03	196.00	105.84
5.	Goa	35.00	28.00	98.00	69.12	72.73	92.78
6.	Gujarat	230.00	333.66	721.00	580.65	347.17	264.20
7.	Haryana	160.00	73.62	270.00	167.57	246.50	321.05
8.	Himachal Pradesh	115.00	58.24	318.00	237.02	262.50	266.68
9.	Jammu & Kashmir	25.00		25.00	16.40	152.00	48.02
10	Karnataka	335.00	391.94	801.67	555.03	398.65	533.57
11	Kerala	65.00	233.97	280.00	301.65	350.63	286.54
12	Madhya Pradesh	315.00	147.28	352.31	455.43	542.00	81.95
13	Maharashtra	800.00	439.15	998.35	1138.03	852.00	832.95
14	Manipur	245.00	212.84	352.38	561.89	415.30	145.94
15	Meghalaya	30.00	17.35	70.14	43.88	87.50	50.50
16	Mizoram	100.00	115.99	168.00	170.55	179.00	177.46
17	Nagaland	227.00	251.96	380.00	455.23	250.50	187.39
18	Orissa	100.00		200.00	34.47	358.50	203.53
19	Punjab	150.00	150.91	312.39	172.37	321.50	177.55
20	Rajasthan	100.00	133.85	150.00	136.26	380.00	232.68
21	Sikkim	50.00	36.71	25.00	44.37	66.00	45.50
22	Tamilnadu	800.00	1642.37	883.09	1416.71	1108.30	755.03
23	Tripura	20.00	20.09	50.00	36.59	92.00	76.73
24	Uttar Pradesh	200.00	192.47	851.00	343.77	1175.00	448.53
25	West Bengal	350.00	354.20	425.00	621.80	643.15	544.60
26	Pondicherry	110.00	144.12	283.00	383.39	239.00	168.15
27	Delhi	110.00	144.12	283.00	383.39	239.00	168.15
28	A & N Islands	20.00	13.38	50.00	52.27	66.44	53.89
29.	Dadra & Nagar Haveli		5.25	25.00		9.00	
30	Chandigarh	60.00	48.90	115.00	123.38	93.11	106.32
31	Lakshadweep			25.00	1.04	9.16	18.84
32	Daman & Diu	15.00	14.98	95.00	26.02	9.00	22.68
33	MDACS. Mumbai	350.00	110.12	670.00	718.92	431.65	408.78
34	Ahemdabad MC	5.00		75.00	38.89	84.61	65.14
35	Chennai MC			125.00	29.21	101.50	28.24
	TOTAL:	5942.00	6249.75	10975.00	10513.50	10872.40	8088.92

News-Item "In the Face of Bio-Terror, Government Talks of More Action Plan"

36. SHRI SOLIPETA RAMACHANDRA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item captioned ""In the face of bio-terror, Government talks of more action plan", which appeared in the Times of India dated 30th October, 2001;

(b) if so, the samples of the medicines tested by Government to face disaster and Anthrax; and

(c) the details of such samples found correct and the number of samples found fictitious and the action taken / proposed to be taken against the manufacturers to protect the public?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a)Yes, Sir.

(b) and (c) Drugs like ciprofloxin, doxycycline have been reported to be useful in treating anthrax. A large number of manufacturers and marketing these drugs. There is no general complaint about any spurious ciprofloxin or doxycycline. All State Drug Controllers have been advised to keep a strict check on possible movement of any spurious / counterfeit drugs and guidelines to be adopted for focussed activity in this area has been circulated.

National Health Policy

37. SHRI PREM CHAND GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are in the process of finalizing a National Health Policy to ensure adequate standards of public health care;

(b) whether the policy aims at establishing a regulatory mechanism to provide facilities for diagnosis, treatment and infrastructure far extending medical services to all;

(c) whether the insurance scheme are to be introduced to cover all aspects of medical services; and

(d) if so, the details of this policy and the time-frame of its implementation?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (d) Yes, Sir. Draft of National Health Policy, 2001 lias been prepared in consultation with Central Council for Health & Family Welfare which is the highest advisory body on health and family welfare having State Minister of Health, Family Welfare and Medical Education as members and various governmental and non-governmental organisation international funding agencies and eminent individuals. Comments received on the draft policy from Parliamentary Consultative Committee, Government Departments, States / UTs. Associations and Organisations, eminent individuals and public at large are being examined. Thereafter the draft shall be placed before the Cabinet for approval. Promotion of equity and larger resource notification are some of the instant objectives of the revised health policy which shall dwell upon all aspect related to health care including regulatory mechanisms for the private sector and health insurance.

Opening of Kargil Memorial Medical College in Delhi

38. SHRI RAJNATH SINGH 'SURYA': Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal to open a Kargil Memorial Medcial College in Delhi;

(b) if so, whether it is a fact that the project is being held up;

(c) if so, the reasons therefor; and

(d) by when Government propose to start it?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (d) Government has decided to start a new Medical College at Safdarjung Hospital by the name Indrasprastha Medical College. The project is not held up. Necessary formalities to start admission to the college are being completed.

Financial Assistance for Government Medical Colleges

39. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have taken a decision to extend financial assistance to improve the condition of Government Medical Colleges in the country;

(b) if so, the number of colleges selected for the purpose and the amount released, so far, to each of them; and

(c) the number of colleges selected from Kamataka?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c)The Ministry of Health and Family Welfare have recently introduced a pilot project for providing financial assistance to the selected Government Medical Colleges for strengthening of diagnostic facilities. Till date, no Government Medical College has been selected for release of assistance under this project.

Conversion of Kidwai Memorial Institute of Oncology, Bangalore as National Cancer Institute

40. SHRI K. RAHMAN KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government of Kamataka has requested to convert Kidwai Memorial Institute of Oncology, Bangalore as National Cancer Institute;

(b) whether Government are aware that the Institute is catering to the patients of Tamil Nadu, Andhra Pradesh and other States; and

(c) if so, the action taken by Government in the matter?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) Under the National Cancer Control Programme there is no scheme to declare any organisation as National Cancer Institute. The Kidwai Memorial Institute of Oncology, Bangalore has already been recognised as Regional Cancer Centre. It is the only Regional Cancer Centre in the State of Kamataka and is receiving financial assistance from Ministry @ Rs. 75.00 lakhs every year. In addition to above, this Ministry had also released Rs. 1.00 crore for purchase of Brachy-Therapy machine to the Kidwai Memorial Institute of Oncology, Bangalore during the year 1999-2000.

Proposals for Establishment of New Medical Colleges in Kerala

41. SHRI GOPALSINH G. SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a large number of proposals for establishment of New Medical Colleges in the State of Kerala are pending with Government for clearance/ approval;

(b) if so, the names of trusts / societies / institutions whose proposals are pending along with details of reasons in each case, for with-holding the approvals; and

(c) by when these proposals would be processed and approved by Government?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.R THAKUR): (a) to (c) Out of 26 proposals received from State of Kerala during August, 2001, 21 proposals have already been returned as incomplete. One proposal from Imam Razi Muslim Educational Trust, Palakkad, though incomplete, has been withheld from return to applicant on the direction of High Court of Kerala. Remaining 4 proposals from the following applicants have been sent to the Medical Council of India for evaluation:—

(1) Pushpagiri Medical Society, Tiruvalla

(2) Malankara Orthodox Syrian Church Medical Mission, Kolenmcherry

(3) Amrita Institute of Medical Sciences and Research Kochi

(4) CSI South Kerala Medical Mission, Thiruvananthapuram

The formal permission to start the medical colleges by these applicants will depend upon fulfiling the qualifying criteria of Medical Council of India Regulations, 1999, availability of Infrastructure and recommendations of Medical Council of India thereon.

Revised Scheme for Extra Mural Research in ISM&H

42. SHRIRAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have launched a revised scheme for Extra Mural Research in Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homoeopathy;

(b) if so, the details thereof; and

(c) the steps taken by Government for focus of the scheme on life style related diseases like diabetes, hypertension, obesity, etc.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.R THAKUR): (a) to (c) The Government have launched a revised Scheme for Extra Mural Research in ISM & H. Under the revised scheme, the focus is on

assisting research projects and interventions which validate efficacy claims relating to Indian systems of Medicine and Homoeopathy. Life style related diseases like diabetes, hypertension, obesity are some of the priority areas identified under the revised scheme.

Disaster management plan to check outbreak of certain diseases

43. SHRI R.P. GOENKA. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any disaster management plan has been formulated to meet the immediate challenge of possible outbreak of diseases like small pox, brain fever etc. in the context of the military operations, arms build up and tension in the sub-continent following the terrorist attack on USA on 11th September, 2001;

(b) if so, the details thereof;

(c) whether and to what extent and effective speed would it be possible to reach and nurse the different far-flung areas of the country; and

(d) the details of the regional or State level plans drawn up, if any?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR):(a)Yes,Sir.

(b) A meeting on chemical and bio-terrorism was organized by the Department of Health which was participated by Secretaries of Home and Health from various States and Union Territories. They have taken stock of the preparedness to face any situation including availability of drugs and all the states have been asked to strengthen their public health system to handle the situation effectively. In this context a detailed list of biological agents used as weapons prepared by the Indian Council of Medical Research along with signs and symptoms, likely method of dissemination, incubation period, lethality and the availability of vaccines, anti-microbial therapy and treatment has been circulated to all the States and Union Territories and Central Govt. Hospitals in order to take precautionary steps such as earmarking of maximum number of beds for emergency cotingency, stocking of vaccines/sera/drugs to the extent possible, setting up a special team of doctors for coordinated action and sensitize them on the impact of such weapons and treatment measures.

(c) and (d) Government has initiated the following actions.

(i) A national workshop was conducted at the NICD in September 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different states and Union Territories. The issue also covered the guidelines to the followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country;

(iv) A meeting on chemical and bio-terrorism was organized on 29th October by the Department of Health which was participated by the Secretaries of Home & Health. Director of Health Services from various States/ Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation as per their disaster management plan.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops packages are being received for tests.

Kidney transplantation in the Capital

44. SHRI C.P. THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that kidney transplantation market thrives in the Capital as reported in the Times of India, dated the 10th September, 2001; and

(b) the number of kidney transplants done in India during the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR):. (a) No, Sir. However, two cases of people selling their kidneys pertaining to Delhi have come to the notice during last one year and appropriate action is being taken by the Government of NCT Delhi.

(b) Under section 13(2) of the Transplantation of Human Organs Act, 1994, the State Governments are empowered to appoint by a notification one or more officers as Appropriate Authorities for the purposes of the Act. The information relating to the number of cases of kidney transplants should be available with such Appropriate Authority of State Govemment(s) concerned in whose jurisdiction such transplantation takes place. The Director General of Health Services has been appointed as the Appropriate Authority in respect of all Union Territories including the N.C.T. of Delhi.

Study on the working of the Traumatic Centres in the City hospitals

45. PROF. A. LAKSHMISAGAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made any recent study about the working of the Traumatic Centres in the City hospitals to know how far they are equipped and capable to deal with emergency cases of accident victims;

(b) if so, the details thereof stating the hospitals lacking the essential requirements for the emergency department to deal with such cases; and

(c) the action taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) The information is being collected and will be laid on the Table of the House.

Anthrax vaccine

46. SHRIRAJU PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Anthrax scare has struck public during the last few months;

(b) if so, the steps taken to combat Anthrax;

(c) whether any vaccine/drug is available to treat Anthrax patients;

(d) if so, the details'thereof; and

(e) if not, the steps taken to produce vaccine for prevention of Anthrax?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a)Yes, Sir.

(b) Government has initiated the follwing actions:

(i) A National workshop was conducted at the NICD in September 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different states and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organized on 29th October by the Department of Health which was participated by the Secretaries of Home & Health, Director of Health Services from various States/ Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency for investigations of any specimen suspected for anthrax.

(vi) Around the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

(c)Yes, Sir

(d) Antibiotics such as ciprofloxin, doxycycline & penicillin are effective if the disease is recognized early and the full recommended dose and course of the antibiotic is completed. There is a vaccine available against anthrax, but it is not approved for widespread use. Even the limited use of anthrax vaccine does not cover the acute problem since a complete course requires 6 doses to be completed in a time span of 18 months. Department of Health, Government of India convened a meeting on chemical and bio-terrorism which was participated by the Secretaries of Home & health. They have taken stock of the preparedness to face any situation including availability of anti-anthrax drugs.

(e) Question does not arise. Death due to non-availability of timely medical treatment

47. PROF. (SHRIMATI) BHARATI RAY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether non-availability of timely medical treatment turned fatal to a Delhi Police Constable late on Sunday night, the 19th August, 2001 when he bled to death in the casualty ward of the premier Central Government Safdarjung Hospital;

(b) if so, how can anyone expect anything better when a policeman on duty can be left to die in a City hospital;

(c) the details of the case; and

(d) the steps taken that such incidents do not recur in future?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR):(a)No,Sir.

(b) The facilities for treatment of emergency/trauma cases are available in the Casualty Department of Safdarjung Hospital round the clock. Such facilities are provided without any discrimination to all.

(c) Late Shri Rahimuddin, Head Constable, Delhi Police reported to the Casualty of Safdarjung Hospital on 19.8.2001 at 9.00 P.M. having crush injury in both the upper limbs, injury of the left lower limb associated^with head injury. The patient was in a condition of shock. Therefore surgical intervention was not possible. All efforts were made to bring the patient put of shock but the patient could not be revived and expired at 11.30 P.M. on 19.8.2001.

(d) Safdarjung Hospital is well-equipped in terms of manpower and equipments to provide proper treatment to such patients.

Treatment by Doctors and Hospitals ETC. in Emergency Cases

48. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal under Government's consideration to make it obligatory on the part of Medical Practitioners and specially for the Nursing Homes/Hospitals not to refuse treatment to persons in emergency and trauma-related situation;

(b) if so, the details thereof; and

(c) by when it is likely to be enforced?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) The Hon'ble Supreme Court of India in their judgement dated 6.5.1996 in SLP(C) No. 796/92-Paschim Banga Khet Mazdoor Samity & Others *Vs.* State of West Bengal & Others suggested remedial measures to ensure immediate medical attention and treatment to persons in real needs. Hon'ble Court had given directions that other States though not parties should also take necessary steps in the light of recommendations made by the Inquiry Committee which was set up by the State Government of West Bengal. The copies of the judgement of the Hon'ble Supreme Court were circulated on 12.12.1996 to all States/Union Territories with the suggestion to take appropriate action for carrying out orders of the Hon'ble Supreme Court of India. Suitable guidelines were also issued on 13.12.1996 to all Hospitals/ Institutes under Central Government *viz.* All India Institute of Medical Sciences, New Delhi, PGIMER, Chandigarh, JIPMER, Pondicherry, Safdarjung Hospital, Lady Hardinge Medical College & Associated Hospitals and Dr. Ram Manohar Lohia Hospital. As per the guidelines, all patients whose condition is morbid serious should be admitted even if beds are not available and have to be paid all necessary attention. In no case the patient will be left unattended for want of beds in the emergency/casualty Department. Accordingly, the Central Government Hospitals are following the guidelines.

Development and Upgradation of Government Hospitals

49. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have formulated any comprehensive plan to develop and upgrade all the Government hospitals in the country, particularly in the rural and backward areas of the country;

(b) if so, the details thereof, hospitals-wise; and

(c) the details of financial assistance given for the various health projects under implementation in the country during the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) Information is being collected and will be laid on the Table of the House.

Encephalitis and Anthrax Diseases in Southern States

50. DR. DAS ARINARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Southern States of Andhra Pradesh, Tamil Nadu and Kamataka are prone to deadly encephalitis and Anthrax diseases;

(b) if so, the details of cases which came to notice during the last three years, State-wise and disease-wise; and

(c) the precautionary measures Government have taken to contain these diseases in these States, particularly Anthrax which is spreading terror throughout the globe?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Yes, Sir.

(b) The data available with Nationaljnstitute of Communicable Diseases and National Anti malaria Programme is given below:—

ANTHRAX

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Karnataka	8	5	NIL		4	2
Orissa	NIL		43	3	ML	

Japanese Encephalitis

States	1999		2000		*2001*	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Andhra Pradesh	1036	203	343	72	Nil	Nil
Assam	11	2	158	69	241	113
Bihar	Nil	Nil	77	19	31	3
Delhi	Nil	Nil	Nil	Nil	1	Nil
Goa	10	2	15	3	2	0
Haryana	121	56	74	43	37	15
Karnataka	679	98	438	45	73	6
Kerala	46	4	164	2	Nil	Nil
Maharashtra	Nil	Nil	2	Nil	Nil	Nil

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Maharashtra	Nfl	NO	2	Nfl	Nfl	Nfl
Manipur	42	2	Nil	Nfl	Nil	Nfl
Punjab	7	6	Nil	Nil	Nfl	Nfl
Tamil Nadu	14	5	4	Nfl	Nil	Nil
Uttar Pradesh	1371	275	1170	253	625	132
West Bengal	91	27	148	50	11	3
Total	3428	680	2593	556	1020	272

(c) Government has initiated the following actions:

For Anthrax ,

(i) A national workshop was conducted at the NICD in September, 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(nx An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different states and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

Oii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organised on 29th October, by ths Department of health which was participated by the Secretaries of Home & Health, Director of health Services from various States/Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

For Japanese Encephalitis (JE)

Directorate of National Anti-Malaria Program (N AMP) regularly monitors incidence of JE through States/UTs. Specific actions taken by NAMP.are:

(i) Based on epidemiological trends advance warning are given to the States.

(ii) Technical guidance and assistance are provided to States through correspondence and periodic visits of NAMP officers.

(iii) Insecticides and spray equipment/fogging machines supplied to States under NAMP are utilized by the states for containment of outbreak.

(iv) National Institute of Virology, Pune, National Institute of Communicable Diseases, Delhi, School of Tropical Medicine, Kolkata and All India Institute of Hygiene and Public Halth, Kolkata have been involved for epidemiological investigations and viral confirmations. «»

(v) Training workshops for PHC, Medical Officers in endemic states are armaged for better case management to reduce case fatality rate.

(vi) Following strategy has been recommended for prevention and control of Japanese Encephalitis:

— Early case detection, prompt and adequate case management

— Vector control

— Information, Education and Communication

— Vaccination of high risk JE prone population groups.

AIDS vaccine

51. SHRI RUMANDLA RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Scientists have made available an AIDS vaccine and they are confident that this vaccine will control the AIDS disease;

(b) if so, whether this vaccine will be introduced soon and will be 100 per cent effective;

(c) whether in the International Congress on AIDS in Asia and the Pacific, it was informed that results from the most promising trial will be available in the month of November, 2001;

(d) if so, the total number of AIDS patients at present in the country; and

(e) to what extent, it will benefit them?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) No, Sir. A vaccine has not been made available till yet.

(c) An interim analysis of the available results of the vaccine (VaxGen AIDSVAZ) does not provide conclusive proof of its efficacy. Therefore, the study of the vaccine is to continue for another year till 2002.

(d) As on 31.10.01, the total number of AIDS paitents in the country is 29007.

(e) Does not arise in view of (a) and (b) above.

Implementation of National Health Programmes

52. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the concrete steps Government have taken during the last two years for implementation of national programmes in the health sector and also to improve health status of the population throughout the country including rural areas;

(b) the achievements under disease control programmes in respect of (i) AIDS (ii) T,B. (iii) Cataract-operations (iv) Malaria/Dengue (v) Diabetes indicating actual budgetary allocations, expenditure with internal/external sources State- wise, year-wise;

(c) whether Government propose to open free camps for check-up/ treatment of senior citizens in the country; and

(d) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Some steps taken by the Govt, include augmentation of health care infrastructure, mobilization of external assistance from various bilateral and multilateral agencies for implementing various communicable and non-

communicable disease control programmes. World Bank assistance has also been availed for upgradation of rural hospitals in selected States. Efforts are also constantly being made to improve implementation of national disease control programmes by removing bottlenecks.

(b) Statement showing State-wise releases and expenditure under major disease control programmes of AIDS, T.B., Blindness and Malaria are given *(See below).* National Diabetes Control Programme has been initiated in five States as a pilot project for strengthening of Bio-chemical laboratories and improvement of their quality assurance.

(c) and (d) There is no such proposal under consideration at present by the Centre. However, health care facilities in Govt, hospitals and dispensaries are generally free including those for the senior citizens.

Statement

(A) National AIDS Control Project-Phase II Status of utilisation of funds claim-wise

(Rupees in lakhs)

S.No.	State/UT	Rlease during 1999-2000	Total Expdr. claimed 1999-2000	Release during 2000-01	Total Expdr. claimed 2000-01
1	Andhra Pradesh	1219.67	1003.93	824.50	823.95
2	Arunachal Pradesh	159.00	103.07	111.00	140.83
3	Assam	322.00	314.78	375.00	346.27
4	Bihar	55.00	124.03	196.00	105.84
5	Goa	98.00	69.12	72.73	92.78
6	Gujarat	721.00	580.65	347.17	264.20
7	Haryana	270.00	167.57	246.50	321.05
8	Himachal Pradesh	318	237.02	262.50	266.68
9	Jammu & Kashmir	25.00	16.40	152.00	533.57
10	Kamataka	801.67	555.03	398.65	533.57
11.	Kerala	280.00	301.65	350.63	286.54

12.	Madhya Pradesh	352.31	455.43	542.00	81.95
13.	Maharashtra	998.35	1138.03	852.00	832.95
14.	Manipur	352.38	561.89	415.30	145.94
15.	Meghalaya	70.14	43.88	87.50	50.50
16.	Mizoram	168.00	170.55	179.00	177.46
17.	Nagaland	380.00	455.23	250.50	187.39
18.	Orissa	200.00	34.47	358.50	203.53
19.	Punjab	312.39	172.37	321.50	177.55
20.	Rajas than	150.00	136.26	380.00	232.68
21.	Sikldm	25.00	44.37	66.00	45.50
22.	Tamil Nadu	883.09	1416.71	1108.30	755.03
23.	Tripura	50.00	36.59	92.00	76.73
24,	Uttar Pradesh	851.00	343.77	1175.00	448.53
25.	West Bengal	425.00	621.80	643.15	544.60
26.	Delhi	283.00	383.39	239.00	168.15
27.	Pondicherry	25.00	35.78	21.50	26.81
28.	A &N Islands	50.00	52.27	66.44	53.89
29.	Chandigarh	115.00	123.38	93.11	106.32
30.	Dadra & Nagar Haveli	25.00	0.00	9.00	0.00
31.	Daman & Diu	95.00	26.02	9.00	22.68
32.	Lakshadweep	25.00	1.04	9.16	18.84
33	MDACS.Mumbai	670.00	718.92	431.65	408.78
34.	Ahmedabad MC	75.00	38.89	84.61	65.14
35.	Chennai MC	125.00	29.21	101.50	28.24
36.	Uttaranchal				
37.	Chhattisgarh				
38.	Jharkhand				
	TOTAL:	10975.00	10513.50	10872.40	8088.92

(B) National Tuberculosis Control Programme Allocation, Expenditure 1999- 2000, 2000-2001

(Rs. in lakhs)

SI. No.	Name of the State/UT	1999-2000		2000-2001	
		Allocation*	Exp.	Allocation*	Exp.
1	2	3	4	5	6
1	Andhra Pradesh	482.76	350.742	448.58	514.11
2	Arunachal Pradesh	2.54	18.367	95.47	39.439
3	Assam	114.13	196.147	298.62	159.82
4	Bihar	1054.73	589.928	1029.88	396.14
5	Goa	3.17	2.870	12.91	13.143
6	Gujarat	1203.88	252.680	880.39	458.38
7	Haryana	79.13	118.200	236.72	91.54
8	Himachal Pradesh	133.64	52.581	116.52	102.07
9	Jammu & Kashmir	37.30	63.115	80.80	54.12
10	Karnataka	701.35	315.010	671.49	343.76
11	Kerala	885.69	95.706	607.93	320.78
12	Madhya Pradesh	418.17	578.107	765.85	192.54
13	Maharashtra	852.84	857.426	1275.43	837.27
14	Manipur	31.66	16.381	30.09	33.70
15	Meghalaya	8.60	15.452	19.74	9.69
16	Mizoram	3.48	5.153	7.58	6.59
17	Nagaland	2.77	15.789	13.84	13.82
18	Orissa	325.38	262.240	455.89	865.79
19	Punjab	95.98	64.221	229.44	46.75
20	Rajasthan	397.40	435.753	988.05	357.9
21	Sikkim	1.90	8.135	4.43	3.59
22	Tamilnadu	660.48	273.160	1133.92	268.89
23	Tripura	13.36	21.190	30.25	24.19
24	Uttar Pradesh	897.57	1130.631	1695.07	449.06
25	West Bengal	2083.18	386.941	1143.30	687.85
26	Delhi	0.00	100.00	195.04	255.78
27	Pondicherry	2.78	2.610	15.60	3.35
28	Andman & Nicobar	1.25	1.170	2.58	0.99
29	Chandigarh	3.47	3.520	7.38	1.64
30	DAN Haveli	0.67	0.630	0.07	0.70
31	Daman & Diu	0.49	0.450	1.48	0.56

1	2	3	4	5	6
32	Lakshadweep	0.25	0.230	5.53	2.11
33	Jharkhand				18.00
34	Uttranchal				10.00
35	Chattisgarh				19.00
	TOTAL	10500.00	6234.537	12499.87	6603.06
(i)	Assistance to Voluntary		0.000		
(ii)	X-ray Rolls	Allocation	0.000		
(iii)	Commodity Grant	reduce to 95			
(iv)	TB Cell at Head	crores at RE	100.000	0	250
(v)	Grant-in-aid to TB Societies		2400.000	0	4001
(vi)	Payment to HSCC				
	GRAND TOTAL	10500.00	8757.54	12499.87	10854.06

* Includes Commodity Grant and grants in aid to TE.
Includes Commodity Grants.
**Reduce to Rs. 11000.00 lacs at the stage of RE 2000-01.

(C) Funds Released & Expenditure Incurred under National Programme/or Control of Blindness

(Rs. in lakhs)

State	Release	Exp.	Release	Exp.
	1999-2000		2000-2001	
World Bank Project States				
Andhra Pradesh	434.40	397.56	569	1124.554
Madhya Pradesh	740.81	1123.93	600	1702.363
Maharashtra	664.88	1203.83	725	1716.494
Orissa	420.25	636.27	900	2366.888
Rajasthan	314.18	340.82	962	1485.803
Tamil Nadu	1,009.82	600.48	511	1982.826
Uttar Pradesh	789.32	879.44	826.5	1867.372
SUB-TOTAL	4,373.66	5,182.33	5,093.50	12,246.30

Slate	Release 1999-2000	Exp.	Release 2000-2001	Exp.
Other States				
Arunachal Pradesh	18.00	6.93	32.5	9.85
Assam	86.75	79.36	170.4	48.55
Bihar	165.00	185.18	317	188.39
Delhi	42.52	24.71	25	33.58
Goa	14.50	9.50	38.35	25.32
Gujarat	396.52	211.10	313.15	451.67
Haryana	170.27	55.90	175.5	49.95
Himachal Pradesh	86.25	59.32	140.5	96.49
Jammu & Kashmir	40.75	11.84	128	22.46
Karnataka	352.20	223.27	299.2	253.38
Kerala	222.59	194.87	210	423.6
Manipur	7.00	7.79	47.75	33.99
Meghalaya	24.00	23.01	54.25	22.04
Mizoram	29.50	22.81	43.55	61.01
' Nagaland	14.00	2.80	45.75	24.03
Punjab	199.61	57.86	112.1	33.41
Sikkim	18.25	6.35	35.6	27.65
Tripura	35.39	34.21	67.95	83.19
West Bengal	204.10	144.16	270.5	141.17
A & N Islands	10.67	0.50	7.75	12.69
Chandigarh	11.24	9.01	12	7.28
D&N Haveli	2.50	0.70	6.75	3.03
Daman & Diu	9.40	7.38	7.75	14.64
Lakshadweep	5.72	0.00	3.75	5.08
Pondicherry	20.82	14.39	10.09	15.89
SUB-TOTAL	2,187.55	1,392.95	2,575.14	2,088.34
GRAND TOTAL	6,561.21	6,575.28	7,668.64	14,334.64

(D) Assistance provided to States/UTs under National Anti-Malaria Programme

(Rs. in lakhs)

SI. No.	Name of Stales/UTs	1999-2000	2000-01
1	Andhra Pradesh	1388.55	2523.34
2	Arunachal Pradesh	229.22	293.79
3	Assam	2616.74	2657.86
4	Bihar	659.67	238.82
5	Goa	4.54	0.98
6	Gujarat	1324.92	1480.92
7	Haryana	160.95	78.35
8	Himachal Pradesh	92.45	89.06
9	Jammu & Kashmir	103.39	84.28
10	Karnataka	229.29	233.36
11	Kerala	58.33	75.92
12	Madhya Pradesh	1562.47	2154.36
13	Maharashtra	2132.89	1478.39
14	Manipur	219.53	235.72
15	Meghalaya	212.27	303.58
16	Mizoram	190.05	235.26
17	Nagaland	308.33	278.91
18	Orissa	894.67	1440.89
19	Punjab	148.45	148.31
20	Rajasthan	1174.46	468.09
21	Sikkim	7.90	0.12
22	Tamil Nadu	122.24	148.51
23	Tripura	379.31	480.94
24	Uttar Pradesh	547.13	544.11
25	West Bengal	501.99	454.44
26	Chattisgarh		271.65
27	Jharkhand		90.00
28	Uttaranchal		
29	Pondicherry	11.20	13.56
30	Delhi	20.10	100.45
31	A & N Islands	111.28	231.75
32	Dadra & Nagar Haveli	34.85	18.12
33	Chandigarh	34.35	44.81
34	Lakshadweep	5.82	5.57
35	Daman & Diu	12.97	9.90
	TOTAL	15500.31	16914.12

National Population Policy

53. SHRIRAMDAS AGARWAL: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) what concrete steps Government have taken to stablize the unregulated growth of population to give incentives to persons with small families and to undertake half-yearly or yearly survey of increase/decrease in population after adoption of a comprehensive National Population Policy, State-wise;

(b) whether any campaign has been launched, so far against the practice of female foeticide in order to arrest the adverse sex ratio in certain States; and

(c) by when the Pre-Natal Diagnostics Act, 1994 will be amended/brought before Parliament for approval?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) The following are some of the initiatives taken during the last two years on the issue of containing the growth of population and expediting the pace of implementation of National-Family Welfare Program:

Stabilizing population

For the first time in independent India, a comprehensive National Population Policy has been adopted by the Government with the objective of improving the quality of life of the citizens, by reaching out to them with an enhanced package of services and supplies, that will *inter-alia,* serve to stabilize the unregulated growth of population.

National Commission on Population has been constituted directly under the chairmanship of Prime Minister with Chief Ministers of all States/ UTs, demographers, non-government organizations and public health professionals as members to advise in operationalising the National Population Policy.

An Empowered Action Group has been constituted under the chairmanship of the Union Health and Family Welfare Minister for ' focussed attention on improving the coverage and outreach of services in the eight States of Uttar Pradesh, Uttranchal, Bihar, Jharkhand, Rajasthan, Orissa, Madhya Pradesh and Chhatisgarh, involving voluntary associations, community organizations and Panchayati Raj institutions in this national effort.